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CASE OF JACOB STAUDERMANN.

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Apart from any rational pathology of that circle of morbid manifestations, known under the generic name of epilepsy, the history of this disease is an instructive proof of that law of reciprocal action, between the nervous and circulatory systems, through which, any disturbance of proportion may influence either our mental power or our moral liberty. To what extent, therefore, states of latent or undiscovered epilepsy, may mould individual character, and shape its destiny, no system of physiology or even pathology has ever been able to describe. Why certain animals can not be tamed, under the most favoring circumstances; or certain races of men be made to accept conditions of a higher and more self-controlling existence, science has failed yet to explain. The ultimate analysis here, as in chemistry, leaves always behind, some one insoluble sediment. Outside of every circle, there is a still wider one expanding in diameter, until in imitation of the solar system we pass from the small elliptical orbits of the inferior planets, to the mighty hyperbolae of comets.

These analogies find a ready illustration in the field of epilepsy, than which there is no more difficult one to explore in the science of medical jurisprudence. Idiocy, mania, dementia, are plain and patent forms of mental obscuration, affording direct sequences of conduct from antecedent logical premises. But in some forms of epilepsy, although every salient symptom is marked, the man somehow seems less than his whole self, his personality appears disparted, and his behavior is at times in such glaring contradiction to the degree of his intelligence, and the law of moral government which he otherwise obeys, that his very identity becomes inconsistent with itself.

Professor Trousseau mentions some singular instances of moral abasement in epileptics, while in the recognized plenitude of intellectual health, and in the midst of the most restraining influences. Thus, a judge while holding court, rises from his seat, and in the presence of every one satisfies a call of nature against the walls of the room, then reseats himself without apparent consciousness of his offense. A scientific man leaves his desk three or four times in the course of a short interval, to go up and make his bed. A workman eating his luncheon, while passing through a street, plunges a knife into a passer-by, and resumes his way and his meal all unconsciously.* And among the pleadings of the great Chancellor D'Aguesseau, occurs that magnificent argument against the testamentary capacity of the Abbé D'Orleans, who was an epileptic, with at times, supervening mania, and who, when celebrating solemn mass, would suddenly leap over the balustrade of the altar. While a priest was administering the communion, and as soon as he said the *Ite, missa est*, would

* Vid, Trousseau, De la Congestion cérébrale apoplectique dans ses rapports avec l'Epilepsie. Bulletin de l'Acad, de Med. t. 26, 1860-1861.

order the people to get him a steak; or, in the middle of the mass, call aloud and repeatedly for a chamber-vessel.* Until, therefore, an epileptic's true malady is detected, we feel that he is a physical paradox, with only the varnish of a moral nature superadded, while even this latter is worn through in many places, leaving the quadruped instincts to exhale at every convenient opening. It is in such people that one finds the most pregnant illustrations of the doctrines of Mr. Darwin, since the least shimmer of passion, revives in them the unexpired embers of an aboriginal ferocity, which he would designate as the unbarred entail of a simian or lupine ancestry. Certainly, whether we accept his views or not, we are still compelled to acknowledge, that all forms of cerebral degeneration in men, tend ultimately to approximate them in feature as well as in conduct, to the lower animals. Ethnologists have remarked the change, in the shape of the mouth of savages produced by civilization, and in equal consistency the return of this deformity in civilized man when cerebrally deteriorated.

No one who has ever attended cliniques in the great hospitals of Europe can have failed to notice those preponderant types of physical degeneration, not yet markedly visible in our midst, which indicate a consecutive declension in ancestral vigor, running back through several generations. Goitre, in Switzerland, Pellagra in Lombardy, Leprosy in Naples, Purulent Ophthalmias and innumerable skin diseases of ireradicable tenacity in London and Paris, all combine to show the results of over-crowding, under-feeding and depriving of light and fresh air successive generations of human beings. The declining stage of these conditions so aptly described by Morel, in his *Dejénérescences de*

* Vid, Evans' Pothier on Obligations, vol. 2, appendix, p. 553 and 62.

l'Espéce Humaine, expresses itself not alone in dwarfing of stature, rickets and struma in its protean forms, but lastly in idiocy, epilepsy, chorea and other associated nervous diseases. Such persons furnish recruits to the ranks of the criminal classes, because not being able to energize their will in opposition to their desire, they fall an easy prey to any instinct which prompts their action. In one sense they become criminal, because of weakness of mind not yet recognized as amounting to unsoundness, and therefore at law, not reckoned dispunishable. How close this relation of crime to epilepsy is, may be judged from the fact that at our State Asylum for Insane Criminals, in a population of about one hundred males, twenty-one are recognized epileptics. How many have the epileptic neurosis, masked under more acute forms of mental disorder, can only be conjectured. Taking even this single table of statistics, humble as it is, and we can not fail to see a law of moral deterioration accompanying epilepsy, which fully justifies the various names of superstitious import, given to it in ancient times. With Celsus, it was *morbus major*, with others of his day, *morbus sacer*, and with the church fathers it was demoniacal possession. Judging also from the general tendencies of physical deterioration to ultimately expend themselves upon the nervous system, there is presumptive evidence that this form of latent mental unsoundness is largely on the increase. The great amount of in-door life among the working population, brought about by the sub-divisions of the mechanic arts, the erection of large factories in every department of industry, and the necessary confinement therein of thousands of people in all our large commercial centers, has already began to tell fearfully upon the physical stamina of artizans. The impurity of the atmosphere breathed, whether rendered

noxious by chemical or mechanical substances, the persistent limitation or even absence of sunlight in the workshops and dwelling places occupied, all serve to constitute factors of deterioration, which beginning with parents, become multiplied in an ascending ratio, with every succeeding generation. Then also we have superadded to these, two among the most directly disturbing agents to the nervous system, which the economy of nature can furnish, viz: *tobacco and alcohol*, of the specific effects of either, as toxical, and therefore unphysiological agents, locking up the excretions and blocking the great emunctories, as in the cases of contracted kidney and hob-nail liver, this is not the place to speak. But we may incidentally, and as germain to the subject of nervous degeneration, say that both distilled spirits and tobacco are of comparative recent use in Europe, and that the types of degeneration following upon their habitual consumption, are in marked contrast and extent with those observed before their introduction. Taking the sum of all these factors, and the results are not difficult to be found. The number of hospitals, almshouses and lunatic asylums, actually demanded to support the victims of artizan life in our populous centers, is largely in excess of that which a more wholesome living, whether as to occupation, diet or moral surroundings would produce. It is not so much nature as society that makes paupers, drunkards and lunatics, and of all single agents, alcohol is the one supreme Moloch which consumes the working classes in modern times, and yet is cherished by them as their best friend in hunger or affliction. Too truly sings the poet of health:

> "Ah! sly deceiver—branded o'er and o'er,
> Yet still believed! exulting o'er the wreck
> Of sober vows."

It is beginning to be noticed that we are receiving, among the waves of emigration to our shores, representatives of a type of degeneration, which we are too young nationally, yet to have produced. The hardy men and women, of the lands of Europe, serfs of the old world, accustomed to toil and frugality, are no longer coming in representative masses as of yore. But instead, the chronic pauper, the incurable malefactor, and those whose mental capacity is so weak as to catch at the advertising strains which represent ours as a land of indolence and gold. America is becoming in fact, a sort of international dust-bin, into which, the old civilizations sweep their human refuse. It is but a repetition of what similarly occurred in Rome, in its latter days, when, according to Tacitus, it became *colluviem illam nationum*, the cesspool truly of nations. All the effete material, sloughed off from the diseased members of the body politic abroad, finds its way here, and diseases and degenerations of a new complexion, begin to appear at our hospital cliniques. It is from this broken down class of human beings, that the subject of this paper comes, being himself a type and specimen of a physical organization, inchoate at its inception, and destined to remain so throughout life. His status was a pathological one at birth, a middle state between imbecility and stupidity, now seen under one aspect, now under another, and exhibiting an arrest of development, both physical and mental, with the demoralizing inheritance of epilepsy superadded.

Jacob Staudermann, whose name stands at the head of this memoir, has lately occupied public attention as a convicted murderer, under sentence of death. He is twenty-six years of age, was born in the Grand Duchy of Hesse Darmstadt. His father was a shoemaker in Wendelsheim, where he lived in the humblest way, occu-

pying a few rooms for manifold purposes, and bringing up two sons and two daughters. According to all accounts, the family lived constantly on the borders of penury. Every member of it, save the father, being diseased and degenerate. The mother was a life-long epileptic, with mania supervening at times; had fits almost everywhere, in-doors and out; was considered insane by her neighbors, and followed by the town boys as a daft woman; once threw herself into a well, and finally died in the midst of an epileptic seizure. The diet of these people was of the most crapulous character, and possibly had been so among their ances tors. Their quarters were narrow and uncleanly, and everything is represented as characteristic of squalor. From such a maternal *stirps* sprang Jacob Staudermann, and such is the indefeasible law of physical inheritance that this epileptic mother, transmitted her disease to every one of her four children. One daughter has already died in an epileptic seizure, the other has them frequently; Jacob had them throughout his youth, and his brother also suffers in the same way, although in both sons it has since puberty, assumed the larvated type.

Starting with this bad legacy resting upon an insane neurosis, Jacob became like his father, a shoemaker. At sixteen years of age, he fell from a barn and fractured his skull; the blow was received on the convex portion of the frontal bone, to the right of the sagittal suture, and must have penetrated to the brain. Something in the nature of a false *contre-coup* must also have occurred, as there is a visible depression at the junction of the parietal and occipital bones of that side. He was confined to his bed for four months, during two of which, he was constantly delirious, and it was fully a year, before he resumed his duties about home. Soon

after this he was drafted into the annual conscription, but upon due physical examination was rejected, both on account of epilepsy, as well as fracture of the skull. He remained at home until his twenty-fourth year, working as a shoemaker, and always looked upon by his neighbors as an imbecile. About two years ago he came to the United States, when he settled in New York City, as a journeyman shoemaker.

For some time after his arrival, he boarded in the house of a Mr. Siedenwalt, along with several fellow mechanics. The host had a daughter, Louise, who is represented as having been extremely beautiful, with her Staudermann began what he considered a courtship. It is evident from all accounts that the girl felt herself his superior, both in mind, as well as social position, and that she never seriously thought of anything like marriage with him. He was the target of ridicule for the whole house, and this young girl may have lent herself to the joke of appearing to encourage his addresses. Whether she did so or not, he at least took every smile in good earnest, and became greatly excited about it. Now she would appear to listen, then again to spurn him, and so this poor imbecile, with his epileptic neurosis, keeping his cerebellum aglow, and his habits of self-abuse perpetuating the oscillations of his nervous system, went on, growing more and more excitable and diseased.

For what cause he was led to change his boarding place, does not appear. He did so about a year before the commission of the homicide, continuing to call at intervals upon Miss Siedenwalt, and being treated by her with no apparent change, either towards an increase or diminution of their acquaintance. Relations of suspected courtship between persons, being always under the common law of society, *res communis*, it was

very natural that all Staudermann's friends should make this the chief staple of conversation, with a man of such limited intelligence as he. Hence he was incessantly joked and jeered about it, and super-serviceable female friends, as usual, offered all kinds of advice, as how best to proceed to entrap the coy Diana of his affections. In return, his own feelings were kept on such a rack of erotic excitement, that wherever he went he spoke of nothing but his lady-love, exhibiting such apparent intensity of emphasis, as was inconsistent with his habitual moodiness, and having been heard to say even that he would shoot her, and then himself, if she would not marry him. Knowing him to be an awkward imbecile, such exhibitions of pathos, only created merriment, and stimulated the thoughtless to fan the flame of sentiment in him. It is charitable to believe that they could never have anticipated the fearful tragedy, which they were thus unconsciously preparing him to commit, nor that the young girl herself knew on how dangerous a precipice she was walking. The disposition to flirt with, and subsequently scalp confiding men, would seem to be an inherent impulse in the daughters of Eve. Under whatever sky born, or wearing whatever complexion the sun's rays may have impressed upon her, the unmarried human female, is everywhere *varium et mutabile semper*, and this unfortunate young girl was no exception to the general law. She was born to flirt, and she flirted. But flirting with ordinary men, under the constraints of company behavior, is a very different thing from flirting with an imbecile epileptic, swayed by erotic impulses, and carrying a pistol in his pocket, and the sequel proved it to be so.

During all the foregoing time, Staudermann had not mingled freely with the friends of his youth, who had

emigrated here, but on the contrary had been distant, moody and taciturn. They did not often see him. Indeed several had not seen him for a year previous to the homicide, and his habits of avoiding them, and secluding himself were looked upon as a part of his imbecile and unsocial disposition. They knew the history of his family and his own, and never had but one opinion of his mental weakness. It was mostly with strangers to these facts that he consorted, while they also soon discovered that he was "daft," they did not know of his family history or of his own epilepsy, but looked upon him as a poor fool good enough to cobble shoes or do drudgery. For one witness testifies, that in return for a chew of tobacco, Staudermann blacked his boots for a whole month. Another states that he would break out into the most sudden and inconsequential violence over trifles, and had been so from his youth. Another had seen him, after the fracture of his skull, delirious for two months. Others again testified that he would suddenly and abruptly jump up while visiting friends, seize his hat, and without uttering a word rush from the room. He was considered by some of his friends as a dangerous fool, even before he was known to carry a pistol. He had, in fact, all the *indicia* of an unbalanced mind, to the simplest observer of his actions. Then things went on slowly but inevitably ripening for that bloody catastrophe, which finally brought him into the clutches of the law.

On Monday, the 19th of April, 1875, Staudermann announced to his employer's wife that he was going that evening to see Miss Siedenwalt. He accordingly dressed himself in his best clothes that afternoon, sent out for some lager beer, and after drinking a couple of glasses sallied forth. It seems he must soon have forgotten the purpose of his going out, for in a short time

he returned and resumed his working suit. On being asked why he had not called upon his lady-love, he made no reply, but did not go back to his work. He went in and out of the shop several times in the afternoon, and again after tea, still wearing his old clothes. This was the last they saw of him until after his arrest. At about eight o'clock that evening, Miss Siedenwalt accompanied by a young girl and a young man, stepped out of a Fourth Avenue car. Staudermann who happened to be on the spot at once approached to speak to her, as soon as she saw him she turned away towards her companion, and made a face of contempt at him, whereupon he was seen to draw a pistol and shoot her. A boy who stood facing him diagonally, and witnessed the shooting, says that Staudermann was ghastly pale, and his eyes had a fixed stare which frightened him. After shooting her he stood still until arrested by a policeman.

His trial occurred in October, but so reticent had he been towards his counsel, that they were never informed by him of his family history, or enough of his own upon which to make a methodical defense. The disadvantages under which they labored may be inferred from the circumstance that they were unable, from any information communicated by him to call more than *two* witnesses as to facts occurring previous to his arrest. So tamely was the defence of insanity interposed that the district attorney considered it as hardly worth noticing, and the jury promptly brought in a verdict of homicide in the first degree. The prisoner was thereupon sentenced to be hung on the 10th day of December following.

Some weeks after his conviction, his counsel received a note from a person in Connecticut, stating that he knew a man there by the name of Staudermann, who

wished him to inquire through the prisoner's counsel whether Jacob had ever spoken to him of having a brother? This was a new fact to counsel who made the inquiry and ascertained that it was so, though why the prisoner had not mentioned it before was never ascertained. Pending these events, and during the period of Staudermann's incarceration in the city prison his manner and habits had attracted the attention of the warden and keepers to such a degree, that from their long familiarity with criminals of every class and complexion, they did not hesitate openly to express their distrust of his sanity. Those occupying the same cell with him begged to be removed, complaining of his disgusting habits, as an unblushing masturbator, who practiced his vice with such frequency and publicity daily as to excite the deepest loathing, and even assistant keepers saw him in the act, all indifferent to their presence. His room-mates also complained that he made strange noises in his sleep, which was at times lethargic, and accompanied by stertorous breathing, that he would be found walking the floor in his sleep, and when shaken did not wake to a consciousness of where he was for some time, also that he complained of strange sights at night, and pointed to them on the wall. He was generally moody, morose and silent, and again at times irritable and violent without just cause. Thus, on the day of his conviction, when upon his return to prison the chaplain visited him, he broke out into the most uncontrollable profanity and abuse, charging him with having secured his conviction, and of being a devil. Such were the facts accumulating around the prison life of this man, when his brother arrived from Connecticut. These brothers had not met for over a year, and as they did not correspond, neither knew of the other's whereabouts. Immediately upon

being told of the facts in Jacob's case, his brother then proceeded to detail the history of the family, and to give names and dates through which his statements could be verified. But there being no legal ground upon which to demand any stay of proceedings with reference to obtaining a new trial, his counsel petitioned the Governor to issue a Commission of Lunacy to inquire into his mental condition. Accordingly on the third day of December, the Governor granted a respite of three weeks to the prisoner, and at the same time appointed the author of this article and Dr. James R. Wood, of New York, a Commission to inquire into his mental sanity. Acting under this authority, the Commissioners began their labors on the eighth of December and continued them until the thirteenth. During this time they examined, besides the prisoner, *twenty-four* witnesses, twenty-two of whom had never previously testified in the case. Certificates from the municipal authorities of Wendelsheim were also put in evidence, corroborative of facts already stated by witnesses, and tending to complete the chain of family and personal history relating to Staudermann. Among these witnesses was the brother of the prisoner, a young man who bore upon his face the indelible type of an epileptic neurosis, and whom it was ascertained had exhibited in the past, and still continued to exhibit an instability of conduct which requires that the friend, at whose house he tarried while in New York, should watch him at night. Although this witness denied that he ever had "fits," it was very evident that he did not know the truth about himself, nor is it any more likely that he understood that his nocturnal seizures were cerebral rather than spinal. He admitted being very nervous. The physical examination of the prisoner revealed proofs of all the facts relating to fracture

of the skull, and the most thorough epileptic neurosis, and exhibited also a rational pathological basis upon which the testimony of the witnesses vindicated itself in every particular. The conclusions were deductive, the explorations into the physical causes which should underlie such manifestations were inductive, and the synthesis which resulted, found an accurate representation in the person of the prisoner. All the component parts of ancestry—surroundings—mode of life—mechanical injuries—habitual vices, presented a series of degenerating elements of character, which could produce but one consequence when personified. Of that debased consequence the prisoner was the incarnation. Thus he is of short stature—over-large head—broad, high shoulders—bow-legged, and walks unsteadily upon the outer edges of his feet. His limbs and trunk are unsymmetrical, and border upon the general character of a dwarf's. When he rises to walk he starts off with an unsteady rolling amble as though he had no power to stiffen the knee. He can not walk with his eyes shut without experiencing vertigo, also when he looks up, complains of circular abdominal constriction, lancinating pains in his thighs, alternating with prickling and numbness of legs and feet, shows great spinal tenderness over the brachial and lumbar plexus, and has sudden cramps seizing him at the pit of the stomach, accompanied by flushings of heat, and shortness of breath, during which he forgets what he is about. His complexion is tallowy, his skin dry and scurfy, except in the palms of the hands, which are clammy. His pupils are somewhat contracted—not sensitive—and he has a peculiar look of unconscious anxiety, as though constantly obsessed by some internal irritation. He admits committing self-abuse seven or eight times a day since in prison, (some six months,)

but denies practicing it before. His appetite is fair, his sleep irregular and disturbed by dreams. He also has hallucinations at night, during which he sees, as he has ever since his skull was fractured and meningitis supervened, imaginary pigeons on the wall and about the room. He reads the papers, but when questioned can not answer at once. His mind appears confused, when first called upon to perform any effort requiring reflection. Such is the physical history of the prisoner as he appeared under examination. When asked to describe the shooting of Miss Siedenwalt, he said he could remember nothing of it. That he went out on that evening in his shop clothes to buy a neck-tie, and saw her, unexpectedly to him, step out of a street car. That he approached to speak to her, and when about to do so she made a face at him and turned away, that then a sudden pain seized him at the pit of the stomach and he felt as though he was stabbed through, that the pain ran around and through his bowels, and his head went around, and he remembers nothing more until he found himself standing with his pistol in his hand and a policeman seizing his arm. That he felt suddenly "good" then and free from pain. He expresses no deep contrition at his act, though he says he is sorry he did it, because he did not intend it. Being asked why he had so long carried a pistol, he replied that a man, (who subsequently killed another) came into the shop and threatened his life unless he gave him a pair of boots; that he then armed himself against future risks of that kind, but soon determined to sell the pistol and carried it about with him, offering it for sale wherever he thought any one might buy it; that his threats of taking Miss Siedenwalt's life unless she would consent to marry him were never real, but only intended to frighten her, and that he does not remember drawing

the pistol or shooting her, when he did so. Such was the substance of his own testimony.

The legal points upon which Staudermann had been convicted, were such as no jury could have failed to find a verdict upon, against the defendant. For, in the first place, the shooting was directly proved; second, he was known to have made threats to do it; third, he was known to have carried a pistol; and fourth, he was not shown to be insane. What stronger elements of crime could possibly be brought into any homicide than this? Until the discovery of the pivot of insanity, upon which his whole life had revolved, no one could have contradicted the justice of his conviction, or doubted the correctness of the conclusions judicially affixed to each step in the history of his tragedy. He was a rejected lover, therefore he was revengeful, he carried a pistol and made threats, therefore he premeditated a homicide; he shot Miss Siedenwalt, therefore he *feloniously intended* to do it, and did it knowingly. Such is the law of murder when applied to sane minds, let us see how it applied to his.

The evidence of his past life, as it was testified to by twenty-four witnesses, shows what his physical inheritance was, and how that perpetuated neurosis of epilepsy which crops out in some form in each succeeding generation, had already slain one sister, was tormenting another, and in a larvated form, preying both upon him and his brother. The most casual acquaintance of a few weeks, had not failed to discover that he was deficient in mental strength, and although they were not able to detect the latent insane neurosis which brooded over him, they yet thought him little else than a natural fool, to be laughed at and avoided. That he made threats, can not be disputed, but even these were contingent upon an event, which was not fully substan-

tiated to his mind, when he shot his victim, for he had not been to see her on that day, and instead of feeling himself absolutely rejected, he on the contrary appeared gay, and looked forward to meeting her with pleasure. Nevertheless so vacillating was his mind, that after dressing himself in the afternoon in his best suit, he goes out, speedily returns, and again dons his working clothes, although evening is approaching. There was no evidence that he either saw Miss Siedenwalt that day, or knew that she was going out that evening, or least of all had any intimation of the *direction* in which she was going. He could in no sense, therefore, be said to have laid in wait for her. And as for entertaining any feeling akin to malice, there was no evidence of it in anything he had previously said or done, for he had never made any threats to her personally, but only to others, to whom perhaps, he wished to magnify himself gradiloquently in imitation of the *pistareen* hero of some melo-drama, which he had witnessed on the boards of the Bowery theatre. The upper classes of society, who study the anatomy of sentiment, in the writings of novelists, and carry unconsciously the infection of their idealizations into their own personality and conduct, can not realize how much of the same form of effect is produced upon the minds of the vulgar, the ignorant, and consequently the weak, by the impersonations of character, witnessed upon the stages of our low theatres. It is often there that the first germs of vice, violence and crime, enter the hearts of the impressionable, and as the lower classes have no checks to arrest their moral descent, in the forms of love of reading, superior companionship, and the controlling guidance of social position, they readily catch at and imitate whatever they see finds favor with men, even though it should be gilded crime or moral shipwreck.

There is indeed no evidence that Staudermann was a habitual frequenter of theatres. Still, from the theatrical manner in which he made the threats of shooting Miss Siedenwalt and himself, in case she refused his hand, I can not think that in a mind like his, the idea was original. Then, as to the act of shooting itself, there can be but one rational explanation. Miss Siedenwalt suddenly and unexpectedly stepped out of a car in his presence, he goes forward to greet her, all excited and expectant, she makes an ugly face at him there in public and turns away. The shock to his epileptic constitution, already weakened by disease and long sexual erethism, precipitates a seizure upon him. An epileptiform vertigo catches him, and with a sharp thrust its aura sweeps him out of all consciousness. Could he be said to know what he did, to intend what he did or to prevent what he did? Assuredly not, he was as automatic then as a wooden puppet, moved by the unseen hand of its exhibitor. He was wholly without legal capacity to act as a free moral agent, for his mind was under complete duress. He was simply the unconscious perpetrator of personal acts in which his will had no part. In other words, he was like every madman, "out of the state," and the doctrine of an *alibi* could be applied to his mind, as not being morally present to assent to the commission of his act. Assuming even, that previous threats proved premeditation, it did not still follow that the shooting was voluntary on his part. And in view of the epileptic vertigo, within whose circle he accomplished it, there could be no doubt of his legal incapacity to commit a crime. Under these circumstances, the Commissioners, although not specially instructed to do so by the language of the commission given them to execute, carried their inquiry into the question of mental sanity, as far

back as it could be traced, because, in the language of the great Chancellor hereinbefore quoted, "in these interdictions, nature anticipates the office of judge; it is she, properly speaking, who pronounces the interdiction, the judge only declares it, and renders it more solemn." Accordingly, after exhausting every source of information within their reach, they proceeded to declare their conclusions in the following report:

[COPY.]

STATE OF NEW YORK.—CITY AND COUNTY OF NEW YORK: ss.

In the Matter of Jacob Staudermann, an alleged Lunatic, now under sentence of death.

To the Hon. Samuel J. Tilden, Governor of the State of New York:

SIR:—The undersigned, a Commission, appointed by you to inquire into the mental sanity of Jacob Staudermann, now confined in the City Prison of New York, under conviction for an offense for which the punishment is death, respectfully present this as their

REPORT.

From the judicial history of the case, it appears that the prisoner was convicted of the felonious homicide of Louise Siedenwalt, at a Court of Oyer and Terminer, held in and for the County of New York, on the 20th day of October, last past. That upon said trial, only *two* witnesses testified on behalf of the prisoner, as to facts occurring previous to his arrest. That subsequently to such conviction, as aforesaid, new evidence was discovered, relating to his early life and general family history, and bearing more particulary upon the question of his mental sanity. This evidence, had it been known at the time of the trial, would have justified the defendant in interposing the plea of insanity, as his whole defense upon arraignment, and being material and relevant to the issue thus tendered, would have justified the court in appointing a Commission of Lunacy, to pass upon its merits, pursuant to § 30 of Act 2, of Tit. 1, of Chap. 446, of the Laws of 1874.

Your Commissioners further report that their proceedings were duly entered upon at the City Prison aforesaid, on Tuesday, the 8th of December, inst., by publicly reading the commission issued to them for execution, and examining witnesses, and the prisoner under oath. That they have, in fulfilment of such duty, examined twenty-four witnesses, exclusive of the prisoner, twenty-two of whom, had never previously testified in the case; that two municipal certificates issued under the hand and seal of the Mayor of Wendelsheim, in the Grand Duchy of Hesse Darmstadt, were also admitted in evidence as corroborative testimony; and that they also examined the prisoner, Jacob Staudermann, both physically and by oral interrogation.

From all which facts now in evidence before them, it appears that Jacob Staudermann is a native of Wendelsheim, in the Grand Duchy of Hesse Darmstadt, and about thirty years of age, and that he came to this country about six years ago. That his mother was a epileptic throughout life, and generally regarded as mentally unsound by her neighbors. She died in an epileptic fit. That two of her daughters were similarly affected, one of whom has already died in the same way as her mother. That Jacob Staudermann was a sickly child, suffering in youth from epilepsy, like his sisters; that he was always very irritable even when playing, and had the peculiar pallid complexion, incidental to his nervous disease. That he had frequent tremors of a convulsive kind when the least excited, and also hallucinations of sight, during which he saw imaginary pigeons, and that his father was heard to say, he wished the child was dead, as he took after his mother. All the facts are supported by cumulative testimony obtained from neighbors, whose character is also vouched for by competent witnesses.

It further appears in evidence, that at or about the period of his sixteenth year, Jacob Staudermann met with a fall from a barn, by which his skull was fractured, and his brain seriously injured. He was in bed for four months, during two of which he was generally delirious, and it was a year before he recovered sufficiently to resume his duties about the house. On account of these injuries to the brain, he was, after due medical examination, exempted from military service. These facts, together with the epilepsy of his mother, are officially certified to by the Mayor and Town Council of Wendelsheim, and which certificates, with all the minutes of testimony, taken upon these proceedings are hereunto annexed as the record of our execution of this commission.

And it further appears in evidence, that since his residence in this country, Jacob Staudermann, whether to his old neighbors who

who have emigrated to this city, or to his new acquaintances formed here, has always appeared strange in conduct and demeanor, foolish in his conversation, and irascible and violent without provocation. That in consequence, he was generally regarded as one who might be dangerous, because unreasonable in his judgments, and without evident self-control in acting under their influence. That he had no apparent capacity to measure the effects of his own conduct, as shown by the overpowering violence with which he would at times reply to the most trivial criticism upon himself or his clothing. And that they did not care about keeping up any acquaintance with him on this account. He himself appears to have withdrawn from the circle of his old acquaintances, so that at the time of his trial, the existence of even his brother was unknown to his counsel, to whom also he gave no information touching his friends. He retained throughout the six months he was in prison, preceding his trial, the same moodiness and taciturnity.

The evidence further shows, that he was never really engaged to Miss Siedenwalt, that he imagined himself to be so, and that, through the influence of his epileptic constitution, and the grossest practice of self-abuse, his brain was in a state of continuous erethism, and his mind as constantly revolving about the idea of marriage with her. Wherever he went, he spoke of nothing else. And he became so unreasonably excited when doing so, as to speak openly of shooting her if she did not consent to marry him, and even exhibited a pistol, while so speaking, to one or more witnesses. His account of the homicide is imperfect as to details, but tallies logically with the action of an unbalanced mind, thoroughly infected by inheritance, dwarfed by the progress of brain disease, and inflamed by the chronic irritation of sexual organs, never permitted to rest.

The act of shooting was simply the phenomenal expression of an epileptic vertigo. He correctly describes the invasion of the attack, and properly localizes it—then, all was gone—he saw nothing—remembers nothing—and when he came to, and "*felt right*," the act was done. He says he felt sorry afterwards—says so now, but exhibits none of that grief or deep conviction of its fearful character which is akin to penitence. His mind has not enough intensity of power to localize itself upon any one idea or to perform acts of self introspection. Disease has degraded him too far for that.

The medical examination of the prisoner shows that he is a man of low organization and arrested physical development. He is

undersized with unsymmetrical trunk and limbs; and has the epileptic complexion with the characteristic expression of the eyes. His intelligence, measured by the ordinary incidents of a shoemaker's life, reveals nothing striking in itself. It is possibly neither higher than many, nor lower than some. But his memory has that defective character which belongs to a grade of imbecility not purely congenital but acquired through and added to by a life-long heritage of degeneration. He is in habits extremely loathsome and disgusting; publicly practices self-abuse, and admits it without either shame or penitence. This is collateral testimony to his mental weakness and moral abasement. His head exhibits the scar left by the fracture of his skull in youth, and he also has hallucinations of sight at times. He has an unsteady gait, and otherwise reveals obscure symptoms of that form of paralysis known as *locomotor ataxy*. He is in every sense a being degraded by disease, and uncontrolled by sufficient powers of mind to appreciate duty, either to himself or others, as a moral obligation entailing responsibility.

From all these facts and findings we are of opinion that the prisoner, Jacob Staudermann, when he shot Miss Siedenwalt, was without legal capacity to commit felonious homicide, that he did not know the nature or consequences of the act he was committing and was impelled to it by a diseased state of body, wholly subjugating his mind. We are further of opinion, that he is an imbecile, the result of such disease, and when moved to any efforts involving the exercise of his moral affections, is swayed alone by instinctive impulses.

We find him accordingly to be insane and irresponsible within the letter and intent of the statute under which we are acting.

All of which is respectfully submitted.

Signed,

JNO. ORDRONAUX, } Commissioners.
JAS. K. WOOD. }

Dated, New York, December 15, 1875.

After reading this report to the Governor, the question then arose as to the final disposition of the prisoner. It was conceded at the outset that he was not amenable to the highest penalty of the law, and his sentence of death was accordingly remitted. But a more difficult problem was that of determining what

should be his future place of detention. Under existing laws, the Governor can not commit a prisoner under sentence of death to any State Lunatic Asylum without rendering such commitment equivalent to a pardon in case the person afterwards recovers. So that although the insanity should only supervene after the sentence, and last but a few months at longest, there is no provision by which the prisoner can be remanded to the county whence he came, to be re-sentenced. Although Staudermann's insanity preceded in fact, both his crime and his conviction, as shown by the Commissioner's Report, the Governor did not feel authorized to commit him to an asylum, and thus nullify a verdict to which, in the light of the evidence, adduced upon the trial, no exception could be taken. The questions which here offered themselves by way of solving the problem were these, viz:

I. What is the present state of health, bodily and mental of the prisoner?

II. Does he now need special treatment in an asylum.

To the first question, the Commissioners answered, that the bodily and mental health of the prisoner were susceptible of improvement under a proper system of occupation, diet and removal from all sources of excitement.

To the second they replied in the negative. While it was true that he was an epileptic, yet he did not exhibit the spinal form of that disease. He had never been known since his advent to the United States to have such a convulsion, and although the marked manifestations of epilepsy were never absent from his daily life, he was not irrational or without general self-control. He could not, therefore, be said to have yet arrived at that condition of diathetic permanency neces-

sary to constitute complete insanity at law. His was a case of what courts have always termed partial insanity, and his status was akin to that of the habitual drunkard who kills while in the delirium of *mania á potu*. He was doubtless without legal capacity to commit murder when he killed Miss Siedenwalt, but his health was no better and no worse immediately before or after the act, and no commission of experts previous to his arrest would have certified him as a fit subject for a lunatic asylum. He simply exhibits a form of imbecility, based upon an epileptic diathesis, in which strong animal propensities may bring on at any moment a convulsion, both mental as well as bodily. While leading a quiet mechanical life he might never show any disposition to do harm to others or himself, if kept free from passional excitement, and had there been an Asylum for Epileptics in this State, the Commissioners would have recommended his removal to it. As it was they did not undertake to decide for the Executive, but left the final disposition of the case solely to his judgment.

Upon this statement of facts, and under the necessities of the legal conditions surrounding the prisoner, the Governor commuted his sentence to imprisonment for life. Should Staudermann's condition hereafter deteriorate in prison, he can, under the statute, be at once removed to the State Asylum for Insane Criminals at Auburn.

PROBATIONARY LEAVE OF ABSENCE.

BY HENRY LANDOR, M. D.,
Superintendent London Asylum, London, Ontario.

In the discussion, at the Auburn meeting of the Association, on a case of recovery related by Dr. Barstow, Dr. Baldwin of the Staunton Asylum, Virginia, said that the late Dr. Stribling made large use of the system of furloughing patients, which, in his hands, answered admirably, and led to the discharge of patients. He quoted two cases.

Dr. Bucknill, on being appealed to, said the system of allowing patients out on leave had worked exceedingly well, especially with convalescents. He said, in answer to a question whether there were no cases in which violent demonstrations took place, that there were, but that he would not keep a patient in an Asylum forever because he might sometimes be violent.

I stated that by our rules we were at liberty to discharge, having previously granted leave of absence for a definite period in order to try the patient's behavior. We take a bond from the relatives that they will use reasonable supervision during the time of probation, and from time to time communicate the condition to the Superintendent. I might have added that this system has been in operation in England for twenty-five years, and practiced by me there, so long since, and by other physicians of asylums, with the best results. My surprise is, that it seemed new to the Association, and that it had never been extensively used in America.

Dr. Kirkbride raised a formidable list of objections to the system, chiefly founded on an unfortunate case of

a man who walked to the sea to drown himself. He said that if a patient committed suicide when out of his control, he wished rather to be previously released from responsibility than to be in a position where his control is merely nominal. He said that arson, suicide, homicide, might be committed by such patients; that half cured patients, when returned to their friends, go about the country and create an unsound public opinion regarding asylums.

I replied that patients with the propensities named were not fit selections for trial of the system, but that those beginning to improve, or half cured, and more likely to improve rapidly when freed from asylum surroundings, were selected by me for trial. I presume that no Medical Superintendent, not even of an asylum like Dr. Kirkbride's, which is, if not the best, one of the very best in the world, will deny that asylum residence is exceedingly irksome to many convalescing patients, and that to them a change is beneficial, and often hastens their recovery. If patients so tried give an unwholesome public opinion, I know no instances of it, and I fancy that remark applies more to those asylums which depend on payment by patients than those supported by legislative grants. The latter are more indifferent to unjust opinion, for public inspection always refutes incorrect statements; nor need the superintendent care for such groundless censure. When I have made up my mind what is best for the patient and for me to adopt, I act upon my opinion, and if evil ensue, I feel myself no more responsible for the result than a statesman would on failure of the acts of his best judgment. I have done my best, and never trouble myself about results.

Dr. Waddell said he had found patients, when returned to their friends, recover more rapidly than in an asylum.

Dr. Kirkbride persisted in his objections, and was supported by Dr. Grissom, of Raleigh, North Carolina. Dr. Smith, of Missouri, finished the debate by stating that the subject was of sufficient importance to demand an expression of opinion by the Association. He argued the matter in what seemed an impartial manner, if he had not concluded by saying that "the Association would, by an overwhelming majority, assert that paroling patients would be unsafe and dangerous, and inconsistent with the progress of psychological medicine." Now, as by far the greater number of the members of the Association freely admitted that they had no personal experience of this system, but that they were influenced by men of the eminence of Dr. Kirkbride and others, as I freely admit they should be in inexperienced matters—(I am as great an admirer of Dr. Kirkbride as any member of the Assoeiation, but I do not yield an opinion founded on experience to another man, of even recognized eminence, if he has not had experience on the same matter)—I am convinced that the knowledge shown by the Association was very limited; and in order to increase it and support mv statements, I have obtained, through the kindness of Dr. Lett, and to his very great trouble, the table appended of all cases of "probation" granted by this asylum since its opening. More than one hundred cases are given; successes and failures, with remarks, are given with equal candor. It will be seen on analysis that no evil has ever arisen; no mischief has been done by the "probationary;" no suicides, no homicides have ever occurred, yet it will be seen that many patients are said to be suicidal and homicidal by the paper of admission. But it is known that many patients are said to be dangerous to themselves and to others for the purpose of obtaining admission, when the facts do not bear out the statement. In

my report of 1874, I related seventy-seven cases of alleged suicides, where careful inquiry produced no facts in support of suicidal attempts. I have marked in the table appended those said to be suicidal, but not found so by us, and those we found suicidal. I have not been deterred from granting probation, even to the suicidals, when we, the physicians of the asylum, consider it safe to do so. If English asylums would give a tabular exposition of their experience of this system, I am sure that the large-minded men of our noble Association will have sufficient grounds of experience to alter their views of a plan never tried by themselves, and that at least they will be willing to give it a candid trial and will be governed by the results.

The Province Asylum, at Toronto, has a larger experience of probation than the London. It might be able to give tabular information over an extended period of years, which would be very useful. If, also, the English asylums, especially the private, where it is more extensively practiced than in the County asylums, would give us their experience, I feel confident that the system embodied as it is in the English Act of Parliament, and in use for a quarter of a century, would afford most satisfactory results.

HISTORY OF PROBATIONS.—ASYLUM FOR THE INSANE, LONDON.

No.	Sex.	Register No.	No. of days on Probation.	Asyl'm Residence. Y	M	D	Age on Admis'n	Reported Condition when Admitted.	Result.	Mental Condition.	REMARKS.
1	Female.	244	23	0	3	1	32	Acute Mania.	Discharg'd	Cured.	Three previous attacks.
2	Male.	239	121	0	6	3	18	Acute Mania.	Discharg'd	Cured.	
3	Male.	243	62	0	4	1	38	Acute Mania, with desire to wander.	Discharg'd	Cured.	One previous attack.
4	Male.	205	——	—	—	—	24	Acute Mania.	Returned.	——	Being harmless, friends allowed to take him home for a short visit.
5	Male.	270	65	13	1	11	27	Unknown.	Discharg'd	Cured.	Is now a partner with his brother in foundry.
6	Female.	142	——	—	—	—	35	Mania.	Returned.	——	Permitted to go home for a short visit.
7	Male.	393	188	0	10	8	35	Melancholia.	Discharg'd	Cured.	
8	Female.	164	——	—	—	—	46	Epileptic Mania.	Returned.	——	Allowed to pay visit to friends.
9	Male.	381	33	0	7	15	53	Mania; Suicidal and dangerous.	Discharg'd	Cured.	Eloped; when found remained on probation.
10	Male.	430	53	0	5	14	50	Melancholia.	Discharg'd	Cured.	Readmitted after lapse of five years, having conducted his business in the interval.
11	Male.	445	41	0	4	17	24	Mania; Suicial and dangerous.	Discharg'd	Cured.	
12	Female.	449	38	0	4	29	24	Melancholia.	Discharg'd	Cured.	Two years after discharge had a relapse.
13	Male.	465	74	0	5	21	23	Mania.	Discharg'd	Cured.	Had two previous attacks.
14	Female.	426	——	—	—	—	17	Nymphomania.	Returned.	Relapsed.	Obliged to be brought back before probation expired. Same as No. 23.
15	Female.	442	——	—	—	—	35	Mania.	Returned.	Relapsed.	Many previous attacks.
16	Male.	443	43	0	7	27	43	Acute Mania.	Discharg'd	Improved.	One previous attack. After a few months, sent to Toronto Asylum.
17	Female.	418	37	0	10	6	28	Melancholia; Suicidal and dangerous.	Discharg'd	Cured.	One previous attack.
18	Male.	401	49	1	1	3	27	Mania; Inclined to wander.	Discharg'd	Cured.	One previous attack. Readmitted after interval of two and one-half years.
19	Female.	395	36	1	1	7	36	Mania; Suicidal and dangerous.	Discharg'd	Cured.	

HISTORY OF PROBATIONS.—CONTINUED.

No.	Sex.	Register No.	No. of days on Probation.	Asyl'm Residence.			Age on Admis'n	Reported Condition when Admitted.	Result.	Mental Condition.	REMARKS.
					M	D					
20	Female.	396	41	1	2	12	28	Mania; Suicidal and dangerous.	Discharg'd	Cured.	
21	Female.	468	54	0	10	13	25	Acute Mania.	Discharg'd	Cured.	
22	Male.	498	72	0	8	14	34	Melancholia; Suicidal.	Discharg'd	Cured.	Attempted Suicide. Readmitted after a year's interval. Same as No. 54.
23	Female.	426	180	1	5	1	17	Nymphomania.	Discharg'd	Improved.	Recovered sufficiently to be taken care of outside. Same as No. 14.
24	Male.	435	33	0	11	11	34	Melancholia; Suicidal.	Discharg'd	Cured.	Eloped; when found remained on probation.
25	Female.	489	16	0	7	20	27	Puerperal Mania.	Discharg'd	Improved.	Husband took her out on probation, with instructions which he neglected to follow, consequently she was discharged. Afterwards readmitted. Same as No. 35.
26	Male.	529	30	0	5	10	43	Acute Mania.	Discharg'd	Cured.	Has a sister in the Asylum.
27	Female.	202	36	3	2	0	53	Mania; Suicidal	Discharg'd	Improved.	Very fretful to get home, so was allowed out on probation, as further Asylum residence was deemed injurious.
28	Female.	206	48	2	11	18	27	Mania; Suicidal and dangerous.	Discharg'd	Cured.	Two previous attacks.
29	Female.	556	87	0	5	26	43	Religious Mania.	Discharg'd	Improved.	Readmitted after 2½ ms. Same as No. 43.
30	Female.	564	——	—	—	—	27	Acute Mania.	Returned.	Unimpr'vd	Mother supposed to have died insane.
31	Female.	565	28	0	5	8	13	Acute Mania.	Discharg'd	Cured.	Was case of hysteria occur'ng before puberty
32	Male.	602	38	0	2	4	38	Religious Mania.	Discharg'd	Cured.	Readmitted after 6 ms. Now in Asylum.
33	Female.	566	35	0	5	11	29	Puerperal Mania.	Discharg'd	Cured.	Said to be epileptic. Never known to have had a fit in Asylum.
34	Female.	586	37	0	5	4	25	Melancholia; Suicidal and dangerous.	Discharg'd	Cured.	Readmitted after a year. Same as No 42.
35	Female.	573	109	0	9	11	28	Puerperal Mania.	Discharg'd	Improved.	Same as No. 25.

36	Female.	207	160	3	9	27	30	Mania.	Discharg'd	Improved.	Several previous attacks.
37	Female.	525	141	1	4	5	40	Puerperal Mania.	Discharg'd	Cured.	Two previous attacks.
38	Male.	611	151	0	8	0	18	Melancholia.	Discharg'd	Cured.	
39	Female.	609	59	0	6	4	39	Melancholia.	Discharg'd	Cured.	Readmitted after interval of six months.
40	Female.	508	172	1	10	11	53	Melancholia; Inclined to wander.	Discharg'd	Cured.	
41	Female.	553	231	1	6	1	40	Puerperal Melancholia.	Discharg'd	Cured.	
42	Female.	642	145	0	8	11	25	Mania; Suicidal and dangerous.	Discharg'd	Cured.	Same as No. 34.
43	Female.	613	134	0	10	11	43	Mania; Suicidal and dangerous.	Discharg'd	Cured.	Same as No. 29.
44	Female.	604	131	1	0	17	28	Melancholia.	Discharg'd	Cured.	Has a sister in the Asylum.
45	Male.	625	171	0	11	25	?	Mania; Dangerous.	Discharg'd	Cured.	
46	Male.	569	167	1	5	24	?	Acute Mania.	Discharg'd	Cured.	A previous attack, 16 yrs. before admission.
47	Female.	623	——	—	—	—	18	Acute Mania.	Returned.	Relapsed.	Supposed cause of relapse, poverty, bad food.
48	Male.	541	163	1	8	22	25	Acute Mania.	Discharg'd	Cured.	Formerly in Toronto Asylum.
49	Male.	632	125	0	9	11	36	Mania; Suicidal and dangerous.	Discharg'd	Cured.	
50	Male.	438	——	—	—	—	37	Acute Mania; Homicidal.	Returned.	Relapsed.	Supposed cause of relapse, insufficient food and hard work. Afterwards discharged cured, and has now been well two years.
51	Female.	641	123	0	8	16	24	Puerperal Mania.	Discharg'd	Cured.	Readmitted after an interval of 6 months.
52	Male.	513	119	1	10	17	27	Mania; Inclined to wander.	Discharg'd	Improved.	
53	Male.	674	115	0	5	18	23	Acute Mania; Dangerous.	Discharg'd	Cured.	Had a previous attack seven years before.
54	Male.	643	——	—	—	—	35	Melancholia; Suicidal.	Returned.	Relapsed.	Same as No. 22. Mother insane, father eccentric, sister now in Asylum.
55	Female.	670	107	0	6	5	27	Religious Mania.	Discharg'd	Cured.	
56	Female.	364	92	2	9	24	30	Melancholia; Inclined to wander.	Discharg'd	Improved.	
57	Female.	662	——	—	—	—	65	Mania.	Returned.	Relapsed.	Same as No. 72.
58	Male.	579	138	1	6	27	20	Melancholia.	Discharg'd	Cured.	
59	Male.	537	114	1	9	7	45	Mania.	Discharg'd	Improved.	Readmitted after an interval of 1½ years.
60	Female.	369	81	2	10	20	22	Religious Mania.	Discharg'd	Cured.	
61	Female.	699	70	0	4	20	35	Melancholia; Suicidal.	Discharg'd	Improved.	Readmitted in three months.
62	Female.	684	28	0	4	18	19	Acute Mania.	Discharg'd	Cured.	Two previous attacks. Readmitted after a lapse of nine months. Same as No. 81.
63	Female.	173	109	7	7	18	43	Melancholia.	Discharg'd	Improved.	
64	Male.	584	89	1	3	22	48	Melancholia; Suicidal and dangerous.	Discharg'd	Improved.	
65	Female.	518	144	2	3	30	38	Mania.	Discharg'd	Cured.	Had several previous attacks.

HISTORY OF PROBATIONS.—CONTINUED.

No.	Sex.	Register No.	No. of days on Probation.	Asyl'm Residence. Y	M	D	Age on Admis'n	Reported Condition when Admitted.	Result.	Mental Condition.	REMARKS.
66	Male.	702	168	0	9	0	58	Mania; Dangerous.	Discharg'd	Cured.	Readmitted after interval of 18 months, during which time he managed his own affairs. Subsequently discharged.
67	Female.	719	180	0	9	5	48	Melancholia; Suicidal.	Discharg'd	Cured.	
68	Male.	687	167	1	0	10	40	Mania; Suicidal and Homicidal.	Discharg'd	Cured.	Father said to have died in an asylum, Eng.
69	Male.	708	39	0	6	23	35	Melancholia; Suicidal.	Discharg'd	Cured.	Brother was insane, but recovered.
70	Female.	741	58	0	4	18	19	Mania.	Discharg'd	Cured.	Her mother has been an inmate of this Asylum for many years.
71	Male.	400	185	3	4	20	38	Religious Mania.	Discharg'd	Cured.	
72	Female.	662	38	1	1	4	65	Mania.	Discharg'd	Cured.	Same as No. 57.
73	Female.	416	——	—	—	—	39	Religious Mania; Homicidal.	Returned.	Relapsed.	Now in Asylum.
74	Male.	220	——	—	—	—	20	Acute Mania; Dangerous.	Returned.	——	Merely sent home on a visit.
75	Female.	774	54	0	5	15	19	Melancholia.	Discharg'd	Cured.	
76	Female.	763	31	0	6	7	22	Melancholia; Inclined to wander.	Discharg'd	Cured.	
77	Male.	760	45	0	7	21	45	Acute Mania.	Discharg'd	Cured.	Once in Asy'm in Dublin, twice Canada, now well and working at his trade shoemaking.
78	Male.	754	172	1	1	0	45	Religious Mania.	Discharg'd	Cured.	Eloped; remained on probation when found. Had been in this Asylum before.
79	Male.	786	77	0	7	2	30	Mania; Dangerous.	Discharg'd	Cured.	Two previous attacks.
80	Male.	767	40	0	9	0	34	Mania.	Discharg'd	Cured.	A number of relatives on maternal side, including mother, said to have been insane.
81	Female.	801	72	0	6	10	21	Mania.	Discharg'd	Cured.	Same as No. 62. Readmitted after 7 months.
82	Female.	811	15	0	3	7	24	Mania; Homicidal.	Discharg'd	Cured.	Two previous attacks.
83	Female.	813	6	0	2	28	36	Melancholia.	Discharg'd	Cured.	Uncle insane.

84	Male.	800	165	0	11	16	55	Mania; Dangerous.	Discharg'd	Cured.	One previous attack.
85	Male.	877	20	0	0	27	28	Homicidal Mania.	Discharg'd	Cured.	A real case of delirium after typhoid fever.
86	Female.	762	205	1	4	8	59	Mania.	Discharg'd	Cured.	One previous attack.
87	Male.	391	——	—	—	—	26	Mania.	Returned.	——	Home on a visit.
88	Male.	535	185	3	5	3	50	Mania.	Discharg'd	Cured.	
89	Male.	770	189	1	6	3	23	Religious Mania.	Discharg'd	Cured.	
90	Male.	715	120	1	9	19	60	Religious Mania.	Discharg'd	Improved.	One previous attack.
91	Female.	885	99	0	8	0	39	Melancholia; Puerperal.	Discharg'd	Cured.	3 previous attacks, each after confinement.
92	Male.	826	122	0	10	26	27	Suicidal Melancholia.	Discharg'd	Cured.	Father at present a patient in this Asylum.
93	Male.	894	228	0	10	26	60	Religious Mania.	Discharg'd	Cured.	
94	Female.	851	194	1	0	21	?	Mania; Dangerous.	Discharg'd	Cured.	1 previous attack. Mother said to be insane.
95	Female.	906	29	0	8	4	26	Melancholia; Suicidal.	Returned.	Unimp'vd.	Afterwards discharged cured.
96	Female.	871	106	0	9	23	25	Mania; Suicidal and dangerous.	Discharg'd	Cured.	One previous attack. Said to be epileptic; also her brother.
97	Female.	739	74	1	8	18	20	Melancholia.	Discharg'd	Cured.	
98	Female.	825	——	—	—	—	45	Mania.	Returned.	——	Home on a visit. Mother said to be insane.
99	Male.	910	77	0	6	4	35	Acute Mania.	Discharg'd	Cured.	
100	Female.	907	99	0	7	20	56	Melancholia; Religious.	Discharg'd	Cured.	One previous attack. No. 101 is her daughter
101	Female.	908	85	0	7	19	21	Melancholia; Suicidal.	Discharg'd	Cured.	Tried to commit suicide in the Asylum. No. 100 is her mother. Uncle on paternal side insane and in this Asylum.
102	Male.	920	126	0	6	13	20	Acute Mania.	Discharg'd	Cured.	He, as well as mother, uncle and sister, said to be epileptic. Now clerk on G. T. Railw'y
103	Male.	759	110	1	9	12	23	Acute Mania.	Discharg'd	Cured.	
104	Male.	928	99	0	6	19	21	Mania; Dangerous.	Discharg'd	Cured.	
105	Female.	936	90	0	5	28	34	Puerperal Mania.	Discharg'd	Cured.	Father said to have been insane.
106	Male.	914	64	0	7	16	25	Acute Mania.	Discharg'd	Cured.	
107	Female.	735	92	2	3	21	38	Mania.	Discharg'd	Improved.	A previous attack 12 years before.
108	Female.	833	97	1	5	25	48	Religious Mania.	Discharg'd	Cured.	Several previous attacks.
109	Female.	930	——	—	—	—	21	Melancholia; Suicidal.	——	——	Still on probation. Reports favor discharge.
110	Male.	989	——	—	—	—	48	——	——	——	Still on probation. Naturally a weak-minded man. Monthly reports favorable.
111	Male.	1006	——	—	—	—	45	Melancholia; Suicidal and dangerous	——	——	Still on probation. Reports favorable. His brother hung himself.

HISTORY OF PROBATIONS.—CONTINUED.

No.	Sex.	Register No.	No. of days on Probation.	Asyl'm Residence. Y	M	D	Age on Admis'n	Reported Condition when Admitted.	Result.	Mental Condition.	REMARKS.
112	Female.	973	—	—	—	—	18	Mania; Inclined to wander.	—	—	Still on probation. Reported not quite so well, but again improved.
113	Female.	934	—	—	—	—	28	Acute Mania.	—	—	Still on probation. Reports favorable. Had several previous attacks.
114	Male.	1011	—	—	—	—	36	Acute Mania.	—	—	Still on probation. No reports yet. Eloped, but at request of friends, being much improved, was allowed to remain on probation. Several previous attacks.

RECAPITULATION.

No. Cases Returned.			No. Cases Discharged.		No. cases still on Probation.	Total No. Cases on Probation.
Relapsed.	Unimproved.	Other Causes.	Cured.	Improved.		
7	2	6	78	15	6	114

CERTIFICATE.

Under 18th Section of "An Act to make further provisions as to the Custody of Insane Persons;" 36th Victoria.

I, John Jones, being the father of Samuel Jones, an inmate of the London Asylum for the Insane, admitted by Warrant, or otherwise, June 1st, 1871, request the Medical Superintendent to allow him to return to my home on probation; undertaking on my part to keep oversight of the said Samuel Jones, while he remains at my home, for the period of six months from the date of commencement of such term of probation. I agree also to send to the Medical Superintedent a monthly account of his condition, mental and physical, during such period, and in case of my neglect to do so, to forfeit the right for his readmission to the said Asylum for the Insane.

Dated at London, Ontario, this 10th day of May, 1876.

JOHN JONES, Johnsonville, Ont.

Witnessed by { ABRAHAM TOMPKINS, WILLIAM JENKINS.

It will be seen from the recapitulation of the table that fifteen were returned to the asylum out of the total of one hundred and fourteen. This must be regarded as a very small proportion, and it shows that the selection of cases for probation was carefully made. The fifteen discharged, after the termination of the probationary period, improved, but not cured, can not be said to be failures, for it is probable that there would not have been fifteen improved had they all been retained in the asylum. But seventy-eight were reported well at the end of the time of probation. It does not admit of more than a guess as to how many of these would have recovered if detained in the asylum. I am sure that a considerable number suffered from the disciplinary rules of a large asylum, and I think I put it very moderately when I assert that at least five per cent. would have turned out incurable. I am strongly

of the opinion that results which can be put at that rate justify the system of probation previous to discharge.

As to the twenty-four reported on the admission papers as suicidal, they come on the list of those who were said to be suicidal for the purpose of obtaining admission, because no facts that any of them had ever made an attempt at self-destruction could be ascertained from the relatives or the attending doctors. It was an unsupported opinion altogether, and while under asylum care they never tried or thought of self-destruction. Since discharge they have not done it. We know that four were suicidal, but, notwithstanding that, I hold the opinion that it is not justifiable to detain a patient in an asylum after he has lost the propensity, and is in excellent health, because he has made an attempt at suicide, and may, when he falls into ill health, make another. Such a patient is cured when he leaves an asylum, and it often is in his own hands, by following the course of life pointed out to him, to avert any recurrence of his former desire. It would be as wrong to detain a recurrent maniac whose intervals may be years, as such a man. In cases like these recovered suicidals, what mode of discharge so proper as that which compels the relative to inform the physician of any change of health during a period of six months?

I think I have established the position I took at the Auburn meeting, and shown that when selections of cases are judiciously made, the system of probation prior to discharge is satisfactory. I have also shown, that in one hundred and fourteen cases, extending over more than five years, no evil has resulted, either to the patients or to the asylum, or to its officers, and I am justified in asserting that I have used proper consideration of the cases so treated, and I am not open to the imputation of recklessness in using this system.

I hope, in conclusion, that Dr. Smith, of Missouri, will be able to propose a resolution to the Association, after a few years, that the plan of probationary discharge is safe and satisfactory, and in accordance with the progress of psychological medicine, as it has already been shown to be in England, and as all plans that tend to greater liberty of the insane will prove to be. I hope that a resolution of this nature will pass the Association by an overwhelming majority.

REPARATION OF BRAIN-TISSUE AFTER INJURY.*

BY DR. JOHN P. GRAY, M. D., LL. D.,
Medical Superintendent of the New York State Lunatic Asylum, Utica, N. Y.

In February, 1868, I saw, with Dr. Edwin Hutchinson, of Utica, a case of fracture of the cranium, in H. Galli, a boy three years old. He had fallen against a stove, striking the right side of his head. No unconsciousness followed; when we saw him he was sitting on his mother's lap, not complaining, and the side of his face was smeared over with brain-substance. Examination revealed fracture of the anterior portion of the right parietal bone, a piece of which, more than an inch in diameter, had been driven into the brain, standing at right angles with the surface, with one edge still adherent. It had torn through the membranes, and lacerated the brain-substance, a portion of which had been forced through the opening. After laying back the scalp by a V-incision, the tearing up of the brain-convolutions was very apparent. Elevating the bone forced out a quantity of brain-substance. When the edges of the wound were brought together, a small opening remained in the cranium, where an irregular piece had been broken off. For seven days the child continued quite comfortable; a little fever, but pulse not rising above 132; appetite good, and did not complain of pain.

On the seventh day he became restless, head hot, some discharge of thin pus; pulse rose to 140. This condi-

* Read before the New York Academy of Medicine, February 18, 1875
Reprinted from the transactions.

tion continued for three days, when the flow of pus ceased and the ragged membranes projected through the opening. The child was dull and somnolent. The wound was carefully explored with a probe, and the projecting membranes clipped off. This was followed by a small discharge of pus, and on the following morning the pulse fell to 116; heat of head lessened; the boy brighter.

On the eleventh day there were twitchings about the right eye, and the eyeballs were in constant oscillation horizontally.

On the twelfth day there were loss of movement and lowering of temperature in left arm; pulse 112 when awake, and 100 when asleep; skin was cool, tongue moist, and urine free; child restless, crying, and at times screaming. A probe was again passed into the wound, and a free discharge of dark-colored pus followed, with some broken down brain-tissue. Immediately after, Dr. Hutchinson removed a spicula of bone, which had been imbedded some two inches in the brain, and the child brightened up.

On the fourteenth day, pulse 98, movement of the eyeballs ceased, and slight motion and increase of temperature appeared in the left arm. Quite a free discharge of pus.

On the sixteenth day, movement in arm returned and child bright; flow of pus continued.

On the twentieth day, a small growth protruded through the opening, and, increasing, pressed the piece of bone backward and downward. This mass was again cut away. It was rapidly renewed, however, and was again cut away on the twenty-first, twenty-third and twenty-fifth days.

On the thirty-first day a protrusion, the size of a pigeon's egg, was cut away.

On the thirty-second day a still larger mass was removed.

On the thirty-third day some hæmorrhage occurred.

On the thirty-seventh day the protruding mass was the size of a large hen's egg.

On the forty-fourth day the mass was tied off, for fear of hæmorrhage.

On the forty-sixth day a protruding mass was again cut away.

On the forty-eighth day a flow of serum commenced, which continued until the fifty-third day, during which over two pints was discharged. During all this time the child was bright but fretful, took food, pulse ranging from 120 to 144.

On the fifty-eighth day the protruding mass remained stationary, its broad base filling the opening, firm, of a light, pink color, and resembling brain-tissue. Child deaf, walks unsteadily.

On the sixty-eighth day, general health improved, child walks alone; all the general symptoms have subsided. The mass has the appearance of brain-convolutions.

On the sixty-ninth day Dr. Hutchinson commenced slight pressure, by a cork pad, held by a rubber band passed around the head, such as is used around packages of letters, and in a few days, without any unpleasant symptoms, the mass passed within the cranium.

On the eighty-eighth day it was covered with membrane.

On the ninety-eighth day the scalp had nearly healed over.

On the one hundred and twelfth day the child was entirely well, but deaf.

In this case, considering the age of the child, the loss of brain-substance was large. During the inflammatory

process, while the injured brain-tissue was being discharged, the amount of connective-tissue elements produced and cut away was very great.

Dr. S. Weir Mitchell, in speaking of the pathological results of neuritis after injury to nerves, says there is "an enormous development of connective-tissue elements."

The length of time in reparation of tissue in this case quite corresponds with reparation of nerves after injuries.

The new and final growth was the reformation of brain-matter filling up the space. It was some twenty days in completing its structure, and the convolutional character of the surface was distinctly marked. My impression is that it would have passed into the cranium *without* the slight pressure used.

If, after the section of a nerve, the upper end should be renewed by the formation of a button-like growth, and, if reparation is a law of the organism, why should the brain be an exception? Was the brain-tissue reproduced, or the space simply filled with amorphous matter? It was a long time before the reproduction of nerve-tissue was accepted; yet nerve-fibres were reunited and reproduced in the healing of wounds and fractures, and in cases of destruction of tissue by abscess or ulcerative processes.

This boy is now ten years old, a bright, active lad; is deaf, and is being educated at the Institution for Deaf Mutes in New York City. The case was under the charge of Dr. Edwin Hutchinson, who conducted it with great skill, and whose reported notes I have freely drawn upon.

The second case is that of man, a soldier, who at the age of forty-one, in September, 1862, was wounded in the head at the battle of Antietam. The ball struck

the posterior part of the right parietal bone, crushing it in, leaving an opening in the skull one and a half inch in antero-posterior diameter, and three inches in the vertical line. The ball was embedded in the substance of the brain. Forty-eight pieces of bone were taken from the brain; the bullet was removed ten days after the injury. He was discharged from the service and pensioned in 1863, and entered upon his occupation as a turner in brass, the wound having entirely healed over. For five years he remained in good health, without even suffering from headaches. His general health became impaired in October, 1868, and he became depressed, and finally developed an attack of melancholia.

He was admitted to the Asylum at Utica, February 3, 1871, where he remained until February 15, 1872, having then been well about four months. He was discharged recovered, and returned home and to his work. Nine months afterward he began to suffer from pain in the head, especially over the frontal region. He complained of confusion of mind, and asked to be again received at the asylum, dreading a return of melancholia. In April, 1873, this condition continuing, he applied for an order, and came to the asylum alone with the papers of commitment. June 14th, two months after admission, he became profoundly melancholic. He gradually failed, and died July 25, 1873.

On post mortem, an elliptical opening in the right parietal bone was found, corresponding to the wound already described.

No attempt at bone-reparation had been made. The dura mater extended over the opening, and was firmly adherent to the scalp. The arachnoid and pia mater were so completely renewed that no trace of the injury could be detected in their structure or by the presence of cicatrices.

The convolutions were fully outlined, and resembled in appearance the other convolutions of the right hemisphere. Vertical sections through these repaired convolutions showed the normal proportion of gray and white matter.

As the pathological result of the attack of insanity, the dura mater was somewhat thickened, and showed signs of recent inflammatory action. The pia mater of a large part of the right hemisphere was opaque, and raised by an effusion of serous fluid, containing lymphoid cells and pus corpuscles.

The whole brain was dry, atrophied more or less, but especially the convolutions of the right side. Each ventricle contained half an ounce of serum. The brain weighed thirty-eight ounces. The walls of the vessels of the convolutions, in certain areas, were distended by crystalline deposits of cholesterine and structureless, translucent bodies of an albuminous character. Amyloid degeneration was found in the walls of the vessels of the pons Varolii and the medulla. The nerve-cells of the outer layers of the gray substance were contracted and opaque. The fibres of the white substance were thicker than usual, and the neuroglia was lessened.

In the atrophied gray cortex of the anterior and posterior ascending parietal convolutions of the right hemisphere, the nerve-elements were much diminished in number, in comparison with the corresponding parts of the left hemisphere. This condition was especially marked in regard to the pyramidal cells of the second of the five layers of the cortex. The connective elements were more dense, fibrillous in their structure, and densely colored by carmine.

In the middle and inferior frontal convolutions, down to the convolutions of the Sylvian fissure and the island of Riel, there was large infiltration of pigment.

In this case, as in the other, the brain-reparation was complete, and the man remained well for five years. The pathological results of the attack of insanity were similar to those ordinarily found.

Theodore Simon (Virchow's "Archives") reports two cases of what he denominates additional brain-growths, where new formations were found superincumbent upon the gray matter of the convolutions. In these new growths the gray and white matter were normal in their relations and proportions. They probably originated from slight injuries.

Pathological history affords a large number of injuries to the brain, with loss of brain-substance and subsequent recovery, though there have been comparatively few cases where they have been followed through life, and the brain examined after death.

Among the most interesting cases is that of Phineas Gage, which occurred in Vermont, September 13, 1848, and is given in detail in the descriptive catalogue of the Warren Anatomical Museum of Boston. The skull is now in the museum. A tamping-iron, a cylindrical iron bar, one and a quarter inch in diameter, three feet and seven inches in length, and weighing thirteen and a quarter pounds, passed through his head while he was tamping a charge for blasting rocks. One end of the bar was square, the whole tapering to a quarter of an inch at the opposite end. It entered "in front of the angle of the lower jaw, upon the left side," by the smaller end, and passed out through the anterior and upper part of the left parietal bone. It traversed "the anterior part of the left hemisphere, and across the corpus callosum and the margin of the right hemisphere, involving the loss of the central part of the left anterior lobe, together with extensive laceration of the middle lobe, the right central lobe, the falx, and the longitudinal sinus." Here was an immense loss of substance.

In this case, as in the boy Galli, a large fungous growth appeared in the progress of the case, and was cut away; there was also discharge of pus and broken-down brain-tissue.

On the fifty-sixth day he was so far recovered as to be walking about.

On the sixty-second day he walked half a mile.

On the seventy-third day he went to his home, a distance of thirty miles.

On the one hundred and ninth day "the wound was quite closed."

It will be observed that the progress of brain-restoration in these two cases is quite similar.

He lived twelve years, some two years of which he traveled with the bar and exhibited himself—then acted as a hostler. In 1852 he went to South America and drove a stage-coach. In June, 1860, he returned to San Francisco, with impaired health, where he worked on a farm, till he died of convulsions on the 20th of May, 1861.

It is to be regretted that the record is silent in regard to the condition of the brain. The probability is, that the space was so completely filled up as not to attract the attention of those who made the post mortem and preserved the skull.

I have seen three cases of attempt at suicide by shooting, where the ball entered the brain and remained there, and where recovery took place. In each case the external wound was *kept open*, and pressure prevented during the progress of reparation.

The following extraordinary case was first published in *Medical and Surgical Reporter of Philadelphia*, for September, 1857. It was reported by Drs. William W. Rutherford of Harrisburg, Pa., and H. Seaman of Millport, Chemung Co., N. Y., a brother-in-law of the pa-

tient. The case was republished in the *Buffalo Medical and Surgical Journal*, for October, 1873, at which time the specimen of bone, removed, was presented to the Buffalo College Museum. We record our thanks to Dr. Seaman for furnishing us the bone, from which the accompanying representation was made.

The case is given as originally presented.

On the morning of the 23d of July, about three o'clock, I was requested to visit Mr. Edward Thomas, at Highspire, a village on the Pennsylvania Canal, six miles east of Harrisburg, who was said to be seriously injured by his head striking against a canal bridge whilst asleep on the deck of his boat.

I reached Highspire about half past four o'clock, and found Mr. T. in bed, his hair filled and matted with blood, his vest, shirt, upper part of his pantaloons and bed saturated with it, and a horrible looking rent in the scalp from the right superciliary ridge to the occipital bone. The wound was filled with coagulated blood, which stood up high above the level of the surrounding parts, and some blood still oozed from the wound. In a cloth, on a bench on the opposite side of the cabin, was rolled up a portion of the malar bone, some fragments of the os frontis, and the entire right parietal, detached from its fellow along the sagittal suture, and from the occipital along the the lambdoidal suture, or perhaps taking some part of the occipital bone with it, together with the squamous portion of the temporal bone. It was as clear of soft parts as if it had been removed from the dead subject with scalpel and saw.

His pulse was small, moderately frequent, and rather feeble; skin rather below the natural temperature, but not much. Said he did not suffer much pain. His mind was perfectly undisturbed, quick and vigorous. I asked him if the sight of the right eye was impaired; he closed the left with his hand and said the vision of the right was perfect. He had no feeling of faintness, sickness of stomach, or any symptoms of concussion of the brain. The diminished force and volume, and increased frequency of the pulse were, I think, owing entirely to the loss of blood.

I suggested to Dr. Putt, who was in attendance with me, that it would be very difficult to dress the wound in the position in which Mr. Thomas was then lying. Mr. Thomas said he would sit up, and immediately got up and seated himself on a chair in the middle of the cabin floor.

We removed the hair an inch and a half or two inches from each side of the wound with scissors, and then shaved the scalp with a razor. I then examined the wound carefully with my finger, and found two loose pieces of bone about the superciliary ridge, which I removed. I then took a pocket-case spatula, and commenced at the posterior angle of the wound, and removed a sufficiency of the coagulum, to allow the edges of the scalp to be brought together by suture, then proceeded to remove some more, and introduce another stitch, &c., until I had the wound in its whole extent very neatly brought together. In the clots which I removed I did not discover any discharged brain, nor did I get a sight of the membranes of the brain, for I was apprehensive if I removed the coagulated blood entirely, that fresh hæmorrhage would ensue. Indeed I concluded the less the brain was meddled with in that unprotected state, the better.

The dressing occupied an hour or perhaps more, at the end of which he arose to his feet and removed his vest and shirt and put on a clean one; he then took off his pataloons, and being handed a clean pair, poised himself on one foot, and thrust the other into the leg of the pantaloons, changed feet, and thrust in the other leg, drew them up, buttoned and adjusted them with care, just as if nothing had happened to him, and walked over to his bed and laid himself down. He was not aware he had lost so much bone, or perhaps any, for it was concealed from him.

About half past six o'clock I left him, after applying a wet towel to his head, and at ten o'clock saw him again in company with two of our Harrisburg physicians, as the boat passed through the locks at this place.

Considerable reaction had occurred; his pulse was full, tolerably strong, and about 80; skin warm, mind clear, but little pain, scarce any drowsiness, and he said he was feeling quite comfortable.

If it were not for the fact that two physicians of this place, and Dr. Putt, of Highspire, have seen the patient, together with Dr. Seaman's letters, I should doubt the propriety of publishing it in a respectable medical journal, for really it is almost too marvelous for belief. Here is a man with nearly half of his skull torn away without any cerebral disturbance whatever, indeed without any symptoms to indicate the injury he has received except the torn scalp and the hæmorrhage. Thus I conclude a hasty but truthful statement of the case as it came under my observation.

Since the accident, I have learned that it was produced by the end of one of the suspension rods which holds the string-pieces to the arch, the end of which projected below the timbers.

The boat was a very large one, used in carrying down coal, was returning empty, and floated very high, which accounts for the disaster.

MONTOURSVILLE, July 30, 1857.

DR. RUTHERFORD—

Dear Sir: My brother-in-law, Edward Thomas, the boat captain whose head was so seriously injured by a bridge with so much loss of the bony structure, which was dressed by you on the morning of the 23d inst., near Harrisburg, requests me to write to you, and inform you that he is still living, and in full possession of all his mental faculties.

The dressing has not been removed from the wound, but he is apparently doing well. He sleeps comfortably during the night and occasionally during the day. His appetite for food is good, and he complains bitterly of the low diet to which he is subjected. Pulse ranges from seventy to seventy-eight, soft, and circulation equal. No preternatural heat of the skin. Complains of some dull pain in the head, helps himself up with ease, but when he starts up suddenly, as he sometimes does, from sleep, there will take place immediately considerable hæmorrhage from the wound. On the whole, he is very comfortable, and hopes are beginning to be entertained by his friends of his ultimate recovery.

I have practiced medicine and surgery twenty-six years of my life, and had supposed that I had witnessed almost every form of human injury and suffering, but never before have I met any injury which would compare with this, and the patient so long survive after its infliction. For your gratification (as I presume you did not measure,) I will give you the actual measurement in a straight line across the concave surface of the piece of skull broken out, which now lies before me. You will recollect it was of an oval form, and I find it measures six and three-quarters inches in its longest diameter, and five and three-quarters inches in its shortest diameter.

With such a loss of the bony covering of the brain and the violence of the blow necessary to remove it, the great wonder is that the patient is still alive and comfortable, on this, the eighth day after the accident. Yours Truly, H. SEAMAN.

MONTOURSVILLE, August 5, 1857.

DR. WM. W. RUTHERFORD—

Dear Sir: Your very obliging letter of the 2d inst., is received, and it affords me much pleasure to comply with your request to keep you informed of Edward Thomas' condition.

This is the thirteenth day since he received the injury, and strange as it may appear, he is evidently doing well. During the first ten days succeeding the wound, there was considerable and frequent returns of hæmorrhage from it, which would occur on almost every effort to sit up or even turn over in bed, but was readily arrested, in most instances, by the more frequent application of ice water. Since suppuration has commenced the bleeding has ceased.

I removed your dressing on the eighth day, and found the sutures all sloughed out, and no union of the wound by the first intention. The edges of the wound were widely parted, the scalp hanging in the fold over the ear, leaving a portion of the surface of the brain the length of the wound and one and one-half inch wide exposed to view. I have since, and with much difficulty, shaved off the entire scalp and brought the edges of the wound nearly together by adhesive straps, supporting them by the application of a bandage to the entire head. The tightness of these dressings was made to depend on the feelings of the patient. Suppuration is gradually going on, and granulations forming over the surface of the dura mater. All his symptoms at present are favorable. Intellect perfect, appetite good, pulse varying from seventy-six to ninety in a minute, tongue clean, skin nearly natural, strength holds out well, sits up occasionally from one to two hours at a time, and his friends are beginning to entertain a hope of his ultimate recovery. The cold wet cloths are still applied, as they have been faithfully from the first, to the preserving application of which I think he owes his life and the comparatively comfortable condition he now enjoys. You will please accept the thanks and the gratitude of the patient and his friends for your skillful and persevering effort to save the life of this young man in one of the most hopeless conditions ever falling under the notice of the medical profession. I shall be much obliged, not only to you, but to Dr. Butler also for a copy of the number of the *Reporter*, containing a notice of this case. I will endeavor to keep you posted in reference to its progress. I remain yours truly,

H. SEAMAN.

MONTOURSVILLE, August 8, 1857.

DR. WM. W. RUTHERFORD—

Dear Sir: Again I write to inform you of Edward Thomas' condition. Since I wrote you last he has been improving rapidly. I have just finished dressing the wound, and find the floating scalp

firmly attached to the dura mater in every part, and covered by it, except the exposed portion, a strip three-fourths of an inch wide by six inches long, and this is entirely covered by strong and healthy granulations. I have continued to dress the wound with long adhesive straps, keeping it clean by the use of a sponge and warm water.

He does not complain of as much pain in his head and ears as formerly, and sits up in a chair two or three hours per day. His appetite is good, rests well at night, and has been walking about the house this afternoon without much apparent fatigue. At present he is recovering very fast, and if no unfavorable change should take place, he will soon be quite well.

In a former statement which I made to you in reference to the amount of skull bone broken out, I committed an error by not having compared the portion broken out with that left. I there said "nearly one-third of the entire skull is broken out," but should have come nearer the truth, had I said nearly one-half instead of one-third. I had forgotten to mention above, that his intellect remains undisturbed, and that considerable of the lower part of the right front lobe of the brain was so injured that it has sloughed away.

This case presents considerations for the physiologist and phrenologist, some of whom may jump to the conclusion, that men, in this fast age, do not require such cumbrous bony structures, filled with so much chaff called brains, as many of us carry on our shoulders. I remain yours, &c.,

H. SEAMAN.

We present a photograph of this interesting specimen. It will be noticed that a piece of paper is attached to one margin. This is to supply the place of a corresponding piece of bone which was so broken by the injury inflicted, that the parts could not be re-united. They were discharged from the wound during the process of healing. The copy is by measurement one-half the size of the specimen. This, it will be recollected, was given as six and three-quarter inches in the longest, and five and three-quarter inches in the shortest, diameter.

The man fully recovered, married a few months afterward, and is now the father of five children. He has maintained good general health, has never suffered from mental disturbance, and the only inconvenience he has experienced, has been a sense of fullness in the head when making active exertion or stooping over.

The interest attached to such a rare and infrequent case, does not close with the life of the individual. The post mortem examination will alone reveal the real condition of the brain-tissue, and give a correct answer, regarding the mode of reparation in cases of injury to the cerebral mass.

THE EXAMINATION AND COMMITMENT OF THE INSANE.*

BY A. E. MACDONALD, M. D.,
Medical Superintendent, New York City Asylum for the Insane.

The examination of patients, supposed to be insane, with a view to their commitment to an Asylum, is a duty, to the performance of which, any gentleman in general practice, is liable to be often summoned, and one for which he should be always prepared by a knowledge of his powers and duties, under the law of the State, in which he resides, and by a knowledge of the disease and its manifestations. To deprive any person of his liberty for a greater or shorter period, to bring to his family the grief which their separation causes, and to entail upon him and them, the reproach which commonly, though improperly, attaches to the fact of such confinement, is certainly a serious matter, and the law very justly subjects to penalty, any physician who makes any improper commitment.

The laws of the various States, differ materially as to the manner of the commitment of the insane, and as to the part which the physician plays in the process. In some States he is not called upon at all, the parents or guardians, or near relatives of an insane person, being empowered to commit him, without medical evidence, as to his insanity. In others, the certificate of but one physician is required, but in those States, where legislation upon the subject is farthest advanced, no patient can be deprived of his liberty, save upon the sworn

* A Lecture delivered before the students of the University of the City of New York, Medical Department, March 10th, 1876.

testimony of two reputable physicians, that he is insane, and unfit to be at large. The State of New York, has by recent revision and codification of its statutes, under the supervision of the State Commissioner in Lunacy, Dr. Ordronaux, placed them upon a very satisfactory footing. I shall refer to these statutes and the forms which they prescribe, in treating of the matter, as they sufficiently represent, in a general way, the legislation of other States upon the subject. I may tell you here, though, for the comfort of such of you, as being under-graduates now, propose to practice in this State after your graduation, that you are not likely to have speedy occasion to exercise your knowledge in this special direction, as by the law of the State, a physician must be a graduate of three years standing in order to take out commitments for the insane.

The statutes then of the State of New York regulate the commitment of the insane, by the following enactments:

SECTION 1. No person shall be committed to, or confined as a patient in any asylum, public or private, or in any institution, home or retreat, for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person. But no person shall be held in confinement in any such asylum for more than five days, unless within that time such certificate be approved by a judge or justice of a court of record of the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and take proofs as to any alleged lunacy before approving or disapproving of such certificate, and said judge or justice may, in his discretion call a jury in each case to determine the question of lunacy.

§ 2. It shall not be lawful for any physician to certify to the insanity of any person, for the purpose of securing his commitment to an asylum, unless said physician be of reputable character, a graduate of some incorporated medical college, a permanent resident of the State, and shall have been in the actual practice of his profession for at least three years, and such qualifications shall be certified to by a judge of any court of record. No certificate of

insanity shall be made, except after a personal examination of the party alleged to be insane, and according to forms prescribed by the State Commissioner in Lunacy, and every such certificate shall bear date of not more than ten days prior to such commitment.

The following is the blank form of medical certificate, as prescribed by the State Commissioner in Lunacy.

STATE OF NEW YORK, } ss.
COUNTY OF , }

I, , a resident of , in the county aforesaid, being a Graduate of , and having practiced three years as a Physician, hereby certify, under oath, that on the day of , I personally examined of * .

*[Here insert sex, age, married or single, and occupation.]

and that the said is Insane, and a proper person for care and treatment, under the provisions of Chapter 446, of the Laws of 1874.

I further certify that I have formed this opinion, upon the following grounds, viz: *

*[Here insert facts upon which such opinion rests.]

And I further declare that my qualifications as a Medical Examiner in Lunacy, have been duly attested and certified by *

*[Here insert the name of the Judge granting such certificate.]

Sworn to and subscribed before me, }
this day of , 187 . }

The chief improvement in this certificate, as compared with those formerly in use, is that it requires the physician signing it, to state his reasons for considering the patient insane. It is not enough, as formerly, to give the conclusion; the grounds for the conclusion are to be furnished also. The object of this is to insure careful personal examination, and to furnish the officers of the institution to which the patient goes, with information which will be of value to them in determining his treatment, and hence its importance. I am not aware that this is required under the laws of any other State of the Union. A compensating difference to yourselves

may be found in the fact, that in no other State is it required that any prescribed length of time shall have elapsed since his graduation, before a physician is deemed competent to commit lunatics, so that such of you as intend to practice elsewhere, may enjoy the privilege and its resulting emoluments from the outset. I would call your attention to the wording of the commitment used in most States, but not now in New York, with regard to the condition of the patient, which justifies you in secluding him. He must be "insane, and so far disordered in his senses, as to endanger his own person, and the persons and property of others if permitted to go at large," so that a man must not only be insane, but dangerously so, before you can commit him, and, conversely, it is not necessary to send every person who is insane to an asylum, if he is at the same time harmless. This exempts such cases of chronic and harmless insanity as can be properly cared for at their homes, and it also gives you the right to retain the few patients, those with puerperal insanity for instance, who can as well or better be treated there, and whom it would be unwise to expose to the dangers of removal while their disorder is in the height of its acute stage, On the other hand it may be construed to embrace almost any case, certainly any acute case, for the man who is so insane as to prevent the proper remedies being administered and applied elsewhere, than in a building, and among agencies specially prepared for the purpose, may certainly be considered to endanger his own person.

We will suppose then, that you are called to examine a person alleged to be insane, with a view to his commitment to an asylum. Unless you are yourself the family physician of the patient in question, the summons will likely come, either from the gentleman who fills that office, or from a relative of the patient, and to

the form of that summons, I believe, are attributable the mistakes which sometimes *do* attend the commitment of supposed lunatics. Nine times out of ten, you will be asked directly to *commit* the patient, not to *examine* him. Your brother practitioner will say to you "come with me and commit a lunatic," or the family will write to you that your services are desired, that they may send their relative to an asylum. You would not receive or accept a summons to come and prescribe quinine for a patient, or administer any specified form of medical treatment, in a case of some other disease, and yet here the whole thing is decided for you before-hand, and the course you are to pursue laid down for you. Consequently when you go, either you fall insensibly into the spirit in which the summons is sent, and do what you are directed to do, after a very cursory and imperfect examination; or else, if you do make an examination, and conclude not to commit, you feel that you have somehow obtained admission under false pretences, and have not done what people had a right to expect of you, and generally, you are made perfectly sensible of the fact, that they entirely agree with you upon the latter point. I have even known some practitioners in this city, who did not ask or expect a fee, in cases where they failed to satisfy themselves of the propriety of committing, although such cases naturally occupied more of their time, and taxed their knowledge and experience, more than those in which the presence of insanity was patent at a glance. Apart from the glaring impropriety of neglecting to obtain a fee whenever possible, this course has the demerit of sanctioning the form of engagement of which I complain, and recognizing a sort of "no cure, no pay" system. Properly a medical man should be called to a case of insanity, as to a case of any other disease, to

examine, and, having examined, to prescribe as he sees fit. Sequestration in an asylum, is as purely a therapeutic agent, as any in the *materia medica*, and its prescription and exhibition, should come from the medical attendant, not from the bystanders. In the way in which you accept such summons, and invite to such consultations, you can do much to alter this state of affairs, and so assert the proper function and dignity of yourself and your profession.

If you happen to be the family physician of the patient, a formal visit will be scarcely needful. You will have observed the gradual approach of the disease, and have seen reason to anticipate the call. More than likely you have been the one to first appreciate the necessity of the step and to urge its being taken. In this you have very probably been met by the opposition of the relatives and friends of the patient. They have refused to see things as you have seen them. The patient is in their eyes only a little cast down, a little excited, a little eccentric, it will be time enough to take active measures if the trouble increases. They are unwilling to take the responsibility of authorizing the patient's removal without consultation with other, and perhaps distant relatives. They are sure that confinement with other lunatics would make him worse; they fear that he will never forgive them should he recover. Thus in a hundred ways they thwart your purpose and plead for delay. It will be your duty to tell them that each day's postponement, by so much, lessens the probabilities of recovery; that insanity, under timely and efficient treatment, is commonly recovered from; that in nine cases out of ten the patient will not know where he is, appreciate his surroundings, or recognize the fact that his comrades are lunatics—at any rate restraint and discipline applied in an asylum will

be less irksome to him than if he is called to endure them in his own home. You must impress these points upon them firmly and forcibly, and make them fully understand the great responsibility that will rest upon them, if, through their unwillingness to follow your advice, the patient passes, for want of prompt and energetic treatment, into a condition of permanent mental alienation. And yet more than likely, your advice and your warning will be disregarded. Of the thousands of hopeless lunatics who crowd our asylums a large proportion owe the incurability of their disorder to the procrastination of their friends.

If, instead of being the family physician, you are merely called in when the necessity of the patient's confinement can no longer be disputed, this duty and this trial will be saved you. If the call is to unite with the family physician in perfecting the necessary legal formalities, your task will be relatively easy, for from him you can obtain particulars which will greatly simplify it. It is possible, however, that your associate may be as much a stranger to the patient as yourself, and as a case of this kind will present the greatest difficulties and require the greatest tact and caution, I shall suppose such an one in my description.

Your first encounter will be with the patient's relatives—and generally with his female relatives, who will tell you a great deal that bears upon the case, and a great deal more that does not. As a rule you may divide the relatives of an insane person into two classes, those who want to send him to an asylum at all hazards, and those who want to keep him out at all hazards. Those who have no predetermination in either direction, who simply wish to see what *you* think, and do what *you* advise, are very much in the minority. Fortunately, as a general thing, you are likely only to meet

those of your way of thinking, in whichever direction their pre-conceived opinions may tend, but this is not always so. Now and again there will be two sides to the question, and then your difficulties will increase. Take for instance, the case of a young wife who becomes insane, on the one hand you have the husband, on the other her family. Each side is perfectly convinced that the misfortune which has overtaken the beloved one is distinctly traceable to some neglect or interference of the other, and there is as wide a difference in their views as to what is proper to be done under the circumstances.

It will be necessary for you, as I have said, to listen to a great deal of information, and to a great deal of theory and surmise. Much of what is told you will be useless, and much of it untrue. If you can manage it, it will be better to gain your information from one comparatively disinterested—say an intimate friend or an intelligent servant—than from a near relative of the patient. At any rate you will want to learn certain facts, and you must try to get your informant to simply answer your questions without being discursive, you will ask first, for instance, the patient's age—the sex you will already know—then his or her civil condition, whether single or married or widowed. The occupation which has been followed will sometimes be a guide to you, and it will be well to inquire as to the religious belief, and the habits with regard to church-going and such like. The general habits then are of great importance,—has the patient been temperate or intemperate, disposed to enjoyment or solitude, have there been venereal excesses or addiction to self-abuse? You may pass next to the bodily health—what has been the patient's history? Has there ever been a previous attack of of insanity or any nervous disorder? What diseases has

he or she had? And, if a female, what has there been of irregularity in menstruation, parturition, or at the climacteric? Another question, and a most important one, what is the family history? Have there been insane members or sufferers from epilepsy, paralysis, or other nervous disease? Have there been marriages of consanguinity? Were the patient's parents healthy? Were they intemperate? So you may pass to his present condition. Ask first how long he has been ailing, and receive the answer with a grain of allowance, for almost invariably the period assigned for the invasion of the disease will be much more recent than the real one. Ask next the supposed cause. Has the patient had business reverses, family troubles or afflictions, or has there been religious or political excitement? What recent illness or injuries have there been, or has there been prolonged dissipation? If the patient is a young girl, has menstruation commenced, and is it regular; if a young boy, is there reason to suspect masturbation? Ask then what symptoms were first noticed. In what did the patient first commence to depart from his customary habits and demeanor, and in what manner has the departure increased? What is his present state, and how long has been its duration? What delusions has he manifested, and if he is disposed to talk, what subjects seem uppermost in his mind? Remember that these questions should be asked before you visit the patient, in order that the answers may assist you in personally examining him. They are to be taken only for what they are worth, as confirmatory of what you may yourself observe, not as sufficient in themselves to determine your diagnosis. Your informant will probably consider them all sufficient, and will perhaps resent your seeking further, or giving the patient more than a hasty and cursory examination. No matter, your affi-

davit will be that you have examined the patient and found him insane, not that you have been so informed by his friends. If you omit anything before you visit the patient, do not seek to remedy the omission by asking the question in his presence, unless it be something that you are perfectly willing that he should hear. The most absorbed and distraught appearing patients, are often keenly observant of all that passes about them, and though you may fail to get them to reply to your questions, you must not think that it is because they do not understand both them and all else that you say. In insanity, at the commencement, the senses are more often sharpened than dulled, and you will find that there is a good deal of cleverness and cunning. It will be well for you also to see the patient's letters and other writings.

We will suppose now that you have finished your conversation, have ascertained as much as you desire from third parties, and are ready to see the patient himself. The question will arise, in what capacity, or pretended capacity, are you to visit him? Often, perhaps I might say ordinarily, the friends have a great objection to your entering in your proper character as a physician; they are so afraid of alarming or offending the patient, and they will suggest and urge the adoption of all manner of disguises and false pretenses. The patient has been raving about his immense wealth and gigantic speculations, and you are a broker come to negotiate with him, or he is a king, so you must be an ambassador from a friendly power. They will want you to personate a tailor, come to measure him for a suit of clothes, or a milkman come to solicit his custom, and they will be quite astounded if you show any wounded dignity, or decline to join in these *tableaux vivants*. Now, as a general rule, admitting of but very

few exceptions, I should strongly advise you to be no party to any such nonsense. Insist upon seeing your patient, as you would see a patient suffering from any other disease, in your own character as a physician, come to examine and to help him. I have seen too many patients tricked into an interview with two strangers, invited to drive in a carriage, to sail up the river, or to visit a public institution, and only realizing their position when the key was turned upon them, not to warn you earnestly against the evil and the folly of such deceit. Apart from the humiliation of assuming such disguises, you place yourself at a disadvantage, as you have no excuse for asking the very questions which you most wish to have answered, and unless you are a clever actor you are more than likely to be discovered by him whom you seek to deceive. I remember to have been foolish enough once to permit myself to be introduced to a patient, as a clergyman who had come to dine with him. He nearly upset me on the spot, by asking me to say grace, and, although I managed to get through that, he soon involved me in a doctrinal discussion, that exposed my imposture in short order. Since that time, I have seen my patients as a physician, or not at all, and I think it will be to your comfort to make this your rule. I can imagine cases where a little deceit might not only be justifiable but commendable. If for instance, you go to visit a patient, and find that he has provided himself with a carving knife, and sworn to kill any doctor who comes near him, I think, I don't like to advise you strongly, but I really think that it would perhaps be justifiable, under the circumstances, if you didn't let him know that you were a doctor. As a rule then, have yourself introduced as a physician, otherwise you will find it difficult to turn the discourse upon that topic with which you are most concerned, the question of the patient's health.

It may appear to you to be rather a superfluous precaution, but I advise you to make sure of being able at once to recognize your patient from those who may surround him, by learning before you enter the room, some particulars as to his dress or appearance. It is not a little awkward and embarrassing to address yourself to a bystander, under the impression that he is the patient, but it is a mistake that has happened, and might happen again. While the introduction is being made, a hasty glance at the patient and his room, will often tell you much. His dress and the arrangement of the furniture and accessories, may reveal the disorder of his mind. From his countenance too, much may be learned, not so much of course, as if you had known him in his ordinary condition, and could thus bring comparison to your aid. But nevertheless, the physiognomy is a valuable guide, and you will look to it for evidence of depression, excitement, cunning or rage.

Entering into conversation with your patient, you will endeavor to elicit from him evidence of the existence of insanity. You will remember what I have said to you in a former lecture about insanity, in any given individual, consisting in a departure from the normal condition of that individual, and not in any difference between himself and other individuals, or between him and any fixed standard. Hence, in your examination, you must compare him with his former self, taking into account his birth and breeding, the degree of his education, his occupation, habits and the like. What may be full proof of insanity in one, will be no proof at all in another. Say that you are looking for loss of memory, inability to repeat the multiplication table, may reveal it in one, but another may never have learned it. So with loss of affection, loss of temper, loss of religious feeling, loss of anything else, make

sure that there has been loss, not original absence. Remembering also, what I have described as the characteristics of the two principal forms of insanity, you will expect the departure from the normal standard, in the maniac, to be in the direction of exaltation, in the melancholic, in the opposite direction, toward depression. So you will select the topics for your conversation in either case, and having selected them, you will try to bring out delusions. I do not wish to be understood to imply that the presence of delusion is essential to the presence of insanity. A man may certainly be insane without holding any delusion, or at least any that becomes patent, under the most skillful and close observation and examination. I do think though that the want of evidence of delusion is more often due to our inability to elicit it, or the patient's cunning in concealing it, than to its absolute non-existence. Again delusions may be readily shown at one period in the progress of a case, and absent to all appearance at another. But a delusion is a very comfortable thing to get hold of when you sign a legal document, which may have to be defended in court, for judges and lawyers still cling to the idea, that there can be no insanity without delusion, and it may trouble you to convince them otherwise. Remembering what I have already said to you about delusions, that they are always connected in some direct relation with the person entertaining them, you will see that you will be unlikely to detect them by conversing on general and desultory matters. You must bring the subjects home to the patient himself, talk about his health, his business affairs, his enjoyments, his family. Generally you will have learned something from your preliminary conversation with his relatives or friends, which will suggest the topics upon which you are likely to catch

him. If you have not, you must be prepared to go over the whole ground, until you find his weak point. And here you will find the benefit of system. You might converse an entire day with an unquestionably insane man, going hap-hazard from topic to topic, without causing him to reveal himself. The only proper and successful way is to have a regular order of inquiry arranged in your mind, and go from one subject to another, methodically until you hit upon the right one. I do not believe in monomania, as it is called, insanity in which there is a single false belief, but certain it is that we occasionally find patients whose delusions are confined in a very limited circle, or whose delusions, varied and numerous enough, escape detection until one false belief, the key-note of the whole is touched upon. I remember, not long since, a patient coming to the asylum, who was to all appearance as well conducted and as sane as any one of us. He gained the ear of one of the commissioners while coming up upon the boat, and told that gentleman so plausible and connected a story of wrong and injustice, and conspiracy, that he accompanied him to the asylum, fully convinced that a mistake had been made. As it happened I had seen the patient before, had in fact, appeared before the Commission in Lunacy, which appointed a guardian over him and his property, and so, when he had repeated his story, more than ever convincing the Commissioner, I simply said to him, "but this will all be corrected when you are elected President, will it not?" And thereupon he launched into a string of extravagances, which very soon changed the mind of his would be advocate.

Make sure also, that what are at first glance patent delusions, are so in reality. Truth is stranger than fiction, and a patient may be merely stating a fact, or

recalling an event, when he makes a statement that would appear incredible. Especially is this the case in regard to family scandals, and therefore, when a patient makes an assertion regarding one of his relatives, and that relative or others, characterize it as a delusion, do not be too ready to believe them without further evidence. I remember a patient coming to the asylum in a condition of confirmed melancholia, with delusions of persecution and injury. Gradually his mind cleared, he lost his delusions one by one, regained his physical health, and was apparently quite himself again, save that he told a story of some unknown enemies entering the house in which he lived, and poisoning some food that was placed in the cellar. This seemed such an unlikely thing, and was so much of a pattern with the delusions that he had held, and which had left him, that we looked upon it as a manifest delusion, and waited for it to disappear also, and were not a little surprised when assured by other inmates of the house that the story was substantially correct.

So I say to you again, don't be too ready to accept improbabilities as of necessity delusions, and do not accept probabilities as delusions, merely because relatives who are affected by them, tell you that they are such.

If all cases of insanity were as marked as the typical ones which I have described to you, your duty would be an easy one. But they are not, and you will find your difficulty in cases which more nearly approach the border-line of sanity. One thing in your favor, such cases do not have the pressing need of immediate restraint, which attend the more decided and acute, you will, therefore, have time for more extended examination and for repeated visits, if need be. This you must always insist upon, despite the objection and impor-

tunity of relatives. In England the physician is required to give in his certificate, only those indications of insanity which he has observed at a single visit. In this country it is not so, and repeated examinations are permissible. Never allow yourself to be bullied or coaxed into signing a certificate unless you are positive that the patient is insane. It is no mere matter of form, but a very serious undertaking. Not only may you be condemning a man to undeserved confinement, but you may be exposing yourself to serious punishment and loss of reputation. It is not very long since, a case occurred in this city, which illustrates this danger. It was before the change in the law, which now renders it necessary for the physician, making oath to a patient's insanity, to give the reasons for his belief. In this State then, as in other States now, he had only to testify to the fact, not to the reasons. A man was sent to the asylum on Blackwell's Island with two certificates, in due form, setting forth his insanity, and signed by two reputable physicians. The Resident Physician, Dr. Parsons, soon found that he was not insane, and so discharged him. Thereupon he commenced suit against the two physicians, and it was shown upon the trial that his wife and daughter had invented the story of his insanity, because he objected to the marriage of the latter. One physician had been foolish enough to take the assurance of the other, and the other had been foolish enough to take the assurance of the wife and daughter, one had only seen the man once, and from a distance. Both were compelled to pay damages. So you see that it is not always safe to trust too implicitly to the relatives of a person alleged to be insane, and you will find in this and similar instances, a warning to rely upon your own judgment not upon the judgment, or perhaps the self-interest of others.

When you have fully settled in your own mind, that the patient is insane, the next step toward his commitment is the preparation of the necessary certificate. This is not always an easy matter, one may very often arrive at a conclusion, upon a subject almost insensibly. The conclusion may be perfectly correct and unquestionable, but it will puzzle him to recall to himself the process of reasoning, by which he has reached it, much more to make it plain to others. And yet this latter, is just what, in this instance, he is required to do. I may tell you for your comfort, that of nearly six hundred patients, admitted to the institution under my charge, since the passage of the new law, but a very few have brought certificates that are perfectly correct and satisfactory. So far as I have heard, the same is true of other institutions in the State, and a recent English writer speaking of his own land says: "Scarcely a single certificate is ever sent in from a medical man, that has not to go back to him, for the correction of some error or the insertion of something omitted." The points in which, as I have observed, certificates usually fail, are that they are altogether insufficient or else too diffuse, that many things are stated which are irrelevant, that some things are stated as reasons, which are not necessarily reasons, and could only become so in the light of other facts which are not given, in short, that the writer of the certificate forgets, that it is not a mere memorandum for his own information, but a document for the examination of those who have never seen the patient.

You will remember that in the form of the certificate, which I read to you, the introductory words which precede the statement of the reasons, are these: "I further certify that I have formed this opinion upon the following grounds," and in the margin is the direction.

"Here insert facts upon which such opinion rests." In the space provided, I should first give the physical evidences which mark the departure from health. Remember, that insanity is a physical disease, and as such, must exhibit physical symptoms. You may then state what departure there has been from the patient's usual condition, in his habits, or his behavior, or conversation, in short, in his general manner of conducting himself, and take care that you state, that it *is* a departure. Many certificates err in this respect. A physician finds a man beating his wife, or a woman using filthy and obscene language, and he simply states these facts. Now these are no proofs of insanity, *per se*, because many men of the lower class beat their wives, and many women of a depraved class, use improper language, without being insane. They were proofs to him, because he knew from previous acquaintance with the patients, or saw by the character of their relatives and their surroundings, that this was not in accordance with their former custom. This constituted them proofs to him, and this he must state in order to render them proofs to others. He should also state where he obtains these proofs, does he know them himself, or have they been furnished him by others? So also with delusions, show plainly in the certificate, that they *are* delusions. If a man says that he has no head, or that he has an elephant in his stomach, these are self-evident delusions, and it is enough to state them, but the larger number of delusions might possibly be true. They only become delusions in your sight, because you know, or are assured, that they are untrue, and you must state this knowledge or assurance, and the source of the latter, in your certificate, if you expect to convince those to whom it is addressed.

I have told you to observe a patient's dress and surroundings in search of evidence of insanity. If you

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find a patient ordinarily precise in his dress, neglectful and slovenly, or decked with tawdry adornments, it will constitute a certain amount of evidence, provided you state his former habit. But there are other things which are no proof at all. I frequently receive certificates, in which the physicians signing them, state as a reason, "the patient is confined by a strait jacket," or, "is tied down in bed." Now what possible proof of insanity is this, except by the most indirect implication? The patient did not put himself in the strait jacket, or tie himself down in bed. If he was violent, or destructive, state the fact, the means which others had recourse to are no proof. If they were, you might quote your being summoned as proof conclusive. Another mistake often made, is in merely writing the form of the disease, in the space left for reasons. To say that a patient is insane, because he has mania or melancholia or dementia, is equivalent to saying that he is insane, which is no reason at all. I have spoken of the error of not making the certificate full enough, avoid also the opposite error of making it too full. Do not be tempted to put in anything you are not perfectly certain of, just to round it off nicely. Prepare and sign every certificate, as if you had to support and defend it in a court of law, you can not tell how soon you may be called upon to do so. For in the matter of insanity, as in other branches of medicine, suits for malpractice are not uncommon. It is not very plain to be seen why a doctor, who conscientiously, and to the extent of his skill and knowledge, endeavors to do what is proper to be done in a case entrusted to him, and makes a mistake, as all are apt at some time to do, should be held to a stricter account than those in other professions and other walks of life. We never hear of a lawyer's being sued for malpractice, because he has

wrongly advised a client, although in every case where there is a plaintiff and a defendant, one or the other must of necessity have received mistaken legal advice. Nor is it recorded that a clergyman has ever been sued for damages, because he failed to save the soul of a member of his flock, who had paid for a pew with that object. It is to our profession alone that the public look for infallibility, and the implied compliment must reconcile us to the penalties of their and our mistakes.

I shall pass from this subject, and conclude my lecture, by reading to you one or two faulty certificates, and pointing out wherein their faults lie.

"I further certify that I have formed this opinion upon the following grounds: He says that his wife is dead, and that he has lost all his property. He is untidy in his habits, and careless in his dress, neglects his family." Now there is nothing in this description that would not apply to many men whose sanity is never questioned. To make this certificate satisfactory, it should read somewhat as follows.

"He believes that his wife is dead, whereas I know that she is alive and well, and thinks that he has lost all his property, when his partner assures me that their affairs are in a prosperous condition. He is untidy in his habits, careless in dress, neglectful of his family, when formerly as I am aware from personal observation, and the statements of his servants, he was very scrupulous in habits and dress, and of a very affectionate disposition toward his family.

Again. "She swears and uses obscene language continually. Says her husband is unfaithful. Has been drinking hard lately. Claims that a relative endeavored to kill her last night."

You might find a woman of whom all this might be said without her being insane. Written as follows, these reasons assume a different complexion.

"Although all her life a chaste and modest woman, and not in the habit of touching liquor, she has lately and suddenly become intemperate, uses obscene language and acts immodestly. She states that her husband is unfaithful, but can give no reason for thinking so, and claims that an attempt was last night made to kill her by a relative, who is in reality in Europe."

To conclude with a word of advice, which you may or may not take, as you see fit; inasmuch as the commitment of a patient to an insane asylum is a matter involving no little trouble at the time, and possibly no little annoyance in the future, I should strongly advise you to make it an invariable rule in such cases to exercise the utmost discretion, to hear all that is said, but say as little as possible yourself, and always to keep a memorandum of the case and its chief facts, your advice, prescription, &c., and you will then be able to answer any possible inquiry whether judicial or otherwise.

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REVIEWS AND BOOK NOTICES.

Leçons cliniques sur les Maladies Mentales professées à la Salpêtrière. Par le Docteur Auguste Voisin, Médicin de la Salpêtriére: Paris, 1876.

A comprehensive treatise on the subject of mental diseases, by Aug. Voisin, physician to the "Salpêtrière," at Paris, has been expected, and we welcome the book heartily. It is the first concise and earnest attempt in France, to give to the anatomico-physiological theory of mental diseases its deserved and prominent place. In the preface as well as in the beginning of the fifth lecture, the author says: "I commence this new series of lectures with the conviction more and more impressive, that insanity, above all, is a physical disease. I have made since the year 1870 a certain number of autopsies which have been demonstrative on this point, and I have remarked more and more that a purely moral treatment is entirely insufficient to ameliorate and to cure insanity."*

The clinical pictures drawn in the course of the lectures are selected by a careful and experienced observer, who also gives an account of the treatment and its results, and in fatal cases, of the autopsies, rendered complete by a thorough microscopic examination of the nervous centers.

In the first lecture the author criticises the defects of our present classifications; he rejects all the one sided

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attempts in this direction, and concludes "that a rational classification must be at all times founded upon an *ensemble* of ætiology, pathogeny, of the clinical symptoms and of pathological anatomy." According to this view, he distinguishes in his second lecture six different forms of insanity:

I. *Acquired insanity*, which has been developed during the course of life, and which has been preceded by a normal condition of all intellectual faculties.

II. *Native insanity*, intellectual disorders which manifest themselves in early life, especially consecutive to hereditary disposition and influence.

III. *Insanity developed through intemperance or virus*, the nature of which is marked by their names.

IV. *Cretinism, idiocy, imbecility*, a class in which a great number of characteristic intellectual disorders are counted, whether they arise from an enfeebled state of will and intellect or from a suppression of intellectual faculties, accompanied or not, by deformities.

V. *General paralysis*, the most studied of all the forms of insanity, and concerning which the symptoms and the lesions observed, concur with sufficient exactness, with our present knowledge of the anatomy and the physiology of the nervous system.

VI. *Senile dementia.*

The class of acquired insanity comprehends four varieties; 1, primary or idiopathic insanity; 2, secondary insanity, consecutive upon nervous affections, as epilepsy, hysteria; 3, sensorial insanity, consecutive to sensorial hyperæsthesia or in consequence of lesions of the sensual organs, the latter fully established by M. Galezowsky, to whom the author declares himself indebted for the communication of his investigations into the pathological conditions of the organs of sight and of hearing, in connection with certain forms of insanity; 4, sympathetic

insanity, in an indisputable manner established by M. Loiseau, who first called attention to the fact that the various intellectual disorders are frequently consecutive to peripheric lesions, which by degrees impair the regular functions of will and intellect. This is a very important class of mental disorders and of special interest from a therapeutical point of view.

In regard to the first class, the idiopathic insanity, the author finds it still justifiable to distinguish between conditions, "sine materia," that is, conditions in which at present no physical lesions are appreciable, and conditions which are marked by material lesions. But in regard to the former, he remarks that their number diminishes more and more, as we advance in knowledge of the anatomical structure, and the physiological functions of the nervous system. And, indeed, when we consider how rarely it occurs, that in these cases, an opportunity is offered for the detection of pathological changes in the anatomical elements of the nervous system, and how little we know of the influences of chemical processes and agents in organic life, we may for the present, confess our ignorance, but confidently trust to the progress of our knowledge, which of course never will unveil *how* different phenomena are united in nature, but which will in time disclose the laws by which they are connected. The latter, and not the former, is the subject of all human science.

Voisin then discusses from an anatomical and physiological point of view, first, the conditions of hyperæmia and anæmia, and distinguishes between insanity arising from active, and from passive congestion, and insanity from anæmia. Active or arterial congestion is well marked by the exudation of elements of the blood, inside or outside the cerebral tissues, by capillary hæmorrhages, infiltrations of the grey cortex, by

the occurrence of crystals of hæmatine, hæmatosine, by infarctus, and by globular effusions, at different times in different stages of transformation. The membranes of the vessels contain crystals of hæmatine, and sometimes they may be found infiltrated with granule cells, which according to the author, characterizes the most advanced stages of degeneration. The author describes in a precise manner the well known symptoms, and illustrates them by clinical cases. In regard to the treatment, he administers digitalis and veratrum viride in order to increase the tonus of the vascular system, and hydrotherapy, for the purpose of diminishing the current of the blood, the latter in the form of wrapping the patient in wet cloths, by which such a retardation of the circulation is effected that the pulse in one minute will be reduced from seventy-two to fifty.

Passive congestion is produced by a stasis of the blood in the capillaries, by which the tonus of the arteries is diminished; and also by the influence of an atheromatous condition. The stagnation of the blood in the capillaries, favors a transudation of its elements, which are found in the tissues, in all the more or less advanced stages of retrogression. This form of congestion is most frequently found in certain cases of cachexy from organic diseases, and at the same time is accompanied by anæmic conditions in other parts of the centers.

The well known anatomy and physiology of simple anæmia and chloro-anæmia illustrated by the communication of clinical cases concludes the second lecture.

Lecture III. Insanity from Atheroma of the Arteries. "Insanity from anæmia consecutive upon an atheromatous condition has not, so far as I know," says the author, "been prominently noticed up to the present day, although it seems to occur not unfrequently. The lesions of course, could not be recognized, but by

the microscope, which in aid of clinical diagnosis, and rational therapeutics, has been already of so great service to the pathology, and the treatment of insanity. This kind of lesion harmonizes very well with the role, which we rightly allot to passions, grief and excesses in the genesis of insanity. On the one hand, the very frequent occurrence of affections of the heart in the insane, has been long noticed, and on the other it has been observed that the so-called moral causes often arise from diseases of the heart, and we may add, from diseases of the arterial system, especially that of the nervous centres." The author then gives an anatomical description of these lesions. The main, and larger arteries are already characterized to the naked eye, by the presence of numerous yellowish-white spots, the membranes frequently calcified. The microscope discloses the remarkable changes which have occurred in the capillary system of the meninges and of the brain itself. They consist especially of fatty granulations in the bifurcations of the vessels, and above all, in the lymphatic spaces, the membranes are infiltrated with fat, and they become hyaline and opaque. These changes must be regarded as quite analogous to those observed in senile dementia, and they indicate, indeed, a condition of a premature senescence, so frequently met with in the insane. Symptomatically, the author distinguishes two types of insanity from atheroma, which are primitively different according to the site of the affections. The one is marked by sensorial impressions, illusions, hallucinations, which are predominant during a certain time; in the other form, the disorder manifests itself by delirious conceptions, and errors of imagination. The results of these lesions, are of course, mainly connected with disturbances of nutrition of the nervous centers, and they lead subsequently to a more or less extended de-

generation of its elements, to atrophy, to necrosis, or to transformation into granule cells, etc. The last part of the lecture, treats briefly, of insanity consecutive upon intra-cranial tumors.

Lecture IV. On a form of spinal meningitis located in the posterior half of the cord in general paralysis. Its insidious character, its prognosis, and possible confusion with simple sciatica. The author gives clinical cases and a description of the anatomical character of the disease. The lesions present themselves as follows; 1, the author found a pronounced vascularity of the pia mater and the arachnoidea covering the posterior half of the spinal cord; transparent miliary granulations enclosed in a web of very fine connective tissue fibres, thickening of the membranes of the vessels and a great number of oblong nuclei in a state of proliferation. In more advanced stages the meninges are remarkably thickened, the arachnoid loses its transparency, shows numerous opalescent patches and is adherent to the pia. Subsequently the thickened membranes form a kind of globular wrapper which involves more or less the roots of the nerves, while the posterior columns of the cord, beneath the thickened parts of the meninges, become sclerosed.

Lecture V. On lesions of the cells of the cerebrum in simple insanity, three degrees; alterations of the capillaries of the brain; primitive localization of the lesions in the parietal convolutions; concordance of these alterations with thermometrical observations made by Schiff. Of the different vascular lesions observed, a short account has already been given. In regard to the nerve cells, the author distinguishes three degrees of pathological changes; 1, the protoplasm undergoes a fatty or a pigmentary degeneration, (fatty and pigment infiltration.) The nucleus and the nucle-

olus are intact, the axis-cylinder presents no apparent modifications; 2, the protoplasm appears partly re-absorbed; the outlines of the cells are more or less shrivelled. At this stage portions of the protoplasm sometimes disappear entirely, leaving hollow spaces in the cells, which themselves become opaque, granular, pigmented and irregular in outline. The nucleus is still visible, but the axis-cylinder atrophied and filiform, the other prolongations in the same condition; 3, the protoplasm has mostly disappeared, the outlines of the nucleus are as indistinct as those of the cells; these are irregular in form, frequently of a rusty color. The prolongations are disintegrated or have disappeared, and the axis-cylinder is separated from the body of the cell. The corpuscle at this state resembles an isolated body of a still triangular form, or a pigmented mass, or a mass consisting of granules in the center of which the remains of the nucleus are frequently visible. Five clinical cases are given, with the autopsies and a number of drawings, illustrating the observed conditions. The author calls attention to the localization of these primitive lesions, and to the sympathetic influences of these upon other parts of the nervous centers which anatomically are still in a normal state, but which may, however, manifest remarkable physiological disturbances. In insanity of a sensorial, a hallucinatory and a sympathetic origin, Voisin has found the primitive lesions, and the first functional disturbances in the parietal convolutions of the hemispheres, an interesting fact which eminently agrees with the results of some experimental researches made by Schiff, that an excitation of the special auditory nerve, of the olfactory and of the optic nerve at all times increases the heat, especially in the parietal convolutions of the brain.

Lecture VI. On insanity from stenosis of the vessels of the cerebrum, with spasm of the organs of vegetative and animal life. In order to diagnosticate cases of insanity arising from stenosis of the vessels, the author regards the psychical symptoms entirely insufficient, and he demands the application of the most thorough physical examination as in all other bodily diseases. The anatomical results of these lesions are an anæmic condition of the nervous centers, and subsequently a dyscrasia of the nervous system, which manifests itself in the cells and in the medullary and in the peripheric fibres, and in the ganglionic system. The lesions are for the most part connected with affections of the lungs, the stomach, the intestines, the kidneys, the ovaries, the uterus, the urinary bladder, the glands and the nervous papillæ of the skin. The forms of insanity which arise from these anatomical conditions are the forms of melancholia with or without stupor, in which the patients refuse food and fail rapidly, if appropriate treatment is not employed in time. "If the precept is true," says the author, "*naturam morborum ostendunt curationes*, it affirms the opinion which I have in regard to this variety of insanity; the patients which I have cured by hydro-chloride of morphia have all shown, before recovery, the physical signs which indicated a cessation of the stenosis." Clinical cases are presented in support of the claims of the author, also illustrated by photographs of a patient before and after recovery.

Lecture VII. Sensorial insanity. The author here also bases the discussion of the subject mainly upon solid physical grounds against the position generally occupied by other authors, that the influences of memory and imagination play the most important role. Without denying, however, the influence of the latter

in some cases the author warns against exaggerating their importance. From this standpoint, Voisin directs attention to; *a*, insanity connected with hyperæsthesia of the eye; *b*, insanity connected with irritative lesions of the eye; *c*, insanity connected with hyperæsthesia and irritation of the sense of hearing. The valuable contributions of Galezowsky and other authors are given in detail.

Lecture VIII. On insanity concomitant with hyperæsthesia of the cerebro-spinal system, and the great sympathetic. Neuralgic manifestations are too frequently observed in the insane not to give rise to the supposition that they are the efficient causes of mental disorders. The author mentions neuralgia of the upper and the lower limbs, of the sexual organs, also abdominal, intercostal, cervical, facial and sincipital neuralgias, gastralgia, etc. Interesting cases are given to support this supposition, cases in which the psychical symptoms disappeared, at the same rate as the local physical affections were checked.

Lecture IX. Sympathetic insanity, alterations of the ganglion semilunare, (the abdominal ganglion of the great sympathetic.) The mental disorders, created by reflex action upon the nervous centers from a diseased condition, or functional disturbances, or deformities of other organs of the body, embrace a wide field, and demand the full attention and sagacity of the medical practitioner. They are lingering, insidious and obscure, the primary causes often discovered only with great difficulty. The literature on this subject is voluminous, but each addition to it is of special interest. We owe here also to the demonstration of microscopic anatomy, and to experimental physiology and pathology, a steady clearing up of many obscure relations. The author himself enlarges our knowledge

by the communication of a number of well observed facts, which space does not permit us to give in particular. The two cases reported, in which the insanity was preceded by an abdominal affection, and in which the microscopic examination after death revealed an extensive degeneration of the ganglion semilunare are of general interest. The one was a hypochondriac with illusions, the other a melancholic with constant ideas of suicide. The lesions observed in the ganglion, consisted in a rarefaction and a partial necrosis of the nervous tissue concomitant with the presence of a great quantity of embryoplastic nuclei and fusiform bodies.

Lecture X. Insanity of youth. The author ranges under this form of insanity, the cases of mental disorders in persons under the eighteenth year of age. It is not to be confounded with idiocy, imbecility, nor with degenerescence, or with an arrest in the development of parts of the nervous centers. Predisposition, however, and hereditary influences are not to be underestimated. Blunders in bodily and mental training with their consequences, functional irregularities and dialysis of the nervous system from bad habits, above all, masturbation, etc., play the most important role in the development of these disorders.

Lecture XI. On insanity, caused by the siege of Paris, and by the Commune. The author discusses the psychical influences of the excitement and the turmoil during the siege of Paris and the civil war. The cases reported are traced back for the most part to anæmia and congestive conditions.

Lecture XII. Tubercular insanity. It manifests itself generally, under the form of melancholia, with hereditary predisposition, or developed tuberculosis in other organs. The author distinguishes three forms of anatomical lesions, tuberculosis of the meninges, two

stages, and tuberculosis of the gray cortex. He discusses its connection with tuberculosis in other organs and reports cases with full history, treatment and autopsies.

Lecture XIII. On the mental condition in acute and chronic alcoholism. Lecture XIV. Chronic intellectual disorders in chronic alcoholism and absynthism. Fifty-seven pages are devoted by the author, to a matter of so great medical, as well as economical importance, and thirty-seven cases are reported to illustrate the discussion. Without entering into detail, we present the heads of the chapters of the two lectures. Lecture XIII. 1, On acute alcoholic delirium; 2, On acute delirium, in persons who are afflicted with chronic alcoholism; 3, On delirium connected with ideas of pride and self-satisfaction.

Lecture XIV. 1, Amnesia, (loss of memory,) and aphasia from amnesia; 2, Disorders of consciousness; 3, On singularity and originality in the character, and certain actions; 4, Disturbances of the moral faculties; 5, Melancholic state, hallucinations; 6, Stupor, intellectual dullness, brutishness, imbecility, stupidity; 7, Ambitious delirium, ideas of satisfaction, of pride; 8, Mental conditions of chronic alcoholists in acute diseases.

Lecture XV. On the disorders of speech in general paralysis, one of the most interesting lectures. "We have observed," the author says, "in paresis, some varieties in the disorders of speech. Each of these varieties has its special value in a diagnostic and prognostic point of view. To describe these different disorders in a manner that physicians, who are no specialists in mental diseases, might recognize them, would be of great service to our science. Unfortunately this task is very difficult, as there are shades between

different phenomena, which we can not present without having the patient before us. For this reason, we often see observers deceiving themselves, and confounding in their descriptions, for instance, *l'ânonnement*, with *bégagement*, with *bredouillement*, with *tremblement* of speech. We will, therefore, not undertake beforehand to describe these different disorders. Starting from the data of normal and pathological physiology, we will seek to discover what may be the disturbance of articulate speech, which may correspond to each specific lesion already recognized. In doing this, we go back with advantage to the solid grounds of observation, and a patient before us, afflicted with such disturbances of speech, will enable us to determine whether these depend upon a defect of intellectual function, or upon a defect of functions of cöordinate organs. In other words, we can differentiate between that condition which arises from dementia, and that arising from ataxy; in one word, we will arrive at the point of recognizing *l'ânonnement*, stammering, and *hesitation* of speech from *bégagement* or *tremblement*, stuttering. There are paretics who do not speak at all; this study of pathological physiology, will also inform us of the cause of this mutism. It depends in certain cases upon an absolute absence of ideas, in others upon an impossibility of pronouncing the words; it may depend upon a pure psychical disorder, and we conceive that in different cases the prognosis varies singularly."

The author continues: "Articulate speech requires, 1, the existence of an organ, where the ideas are elaborated; 2, the existence of a series of apparatus by the functions of which, the primitive ideas are made sensible. A part of this apparatus stands under the direct dependence of volition.

I. The organ where the ideas are elaborated, or if it is preferred, the organ by the medium of which, the

ideas are developed, is undoubtedly the peripheric part of the anterior lobe of the cerebrum.

II. The apparatus, by the play of which, the primitive ideas are transformed into articulate language, are, 1, a series of conductive fibres, which extend from the periphery of the brain, down to its protuberance at the base, passing through the corpus striatum, or through parts in its neighborhood; 2, a series of nerve-cells, which are found in the medulla oblongata and which transfer to the nerves of the medulla the primitive impressions, and the orders given by the will, relating to the expression of the primitive ideas; 3, the nerves of the medulla, the hypo-glossus, the facialis, etc.; 4, the numerous muscles innervated by these nerves."

The author then explains that a morbid affection, or a degeneration of one or more of these parts can but be followed by more or less disturbance, observable in the manner of speech of persons thus affected, and that the microscopic examination of the organs in question, has most satisfactorily proved this supposition. Thus he discovered that *l'ânonnement*, *trainement*, hesitation, are created by lesions of the cerebral cortex, that *bredouillment*, *bègagement*, *tremblement*, are the result of pathological changes in the medulla oblongata. The mutism is perhaps consecutive upon cerebral lesions, and upon those of the muscles, and the nerves of the tongue and the lips.

The author then gives the following practical hints for a right comprehension and discrimination of the phenomena in question.

A. *L'ânonnement* is that embarrassment of speech which is produced by a retardation in the presentation and the emission of letters, syllables and words. In this form of embarrassment the persons employ in an exaggerated manner the vowel a. It is the same abuse

of the sound a, which has given rise to the name; *l'ânonnement.* The cause of this retardation is a slowness of mental action, and a lack of memory; it is one of the symptoms of dementia in paralytic insanity. When the patients which *ânonnent* are still in a comparatively early stage of dementia we observe when writing, that they drop letters and words. This defect is of the same cerebral origin. *L'ânonnement* is generally observed in the more advanced stages of the disease, but in certain cases, also in its beginning, and the patients pass over by degrees from a normal state of intellect to the state of dementia. Their intellectual horizon sinks imperceptibly to the surroundings, without any grave occurrences and without any appreciable physical disorders which announce the danger. The prognosis is grave in regard to the intellect of the individual, since there is no hope that the cause which has induced the commencement of the dementia, and subsequently the *ânonnement* of the speech will retrocede spontaneously.

B. At the same time as *l'ânonnement* we observe frequently that the speech is *hesitating* and *drawling*, these two forms of embarrassment of speech indicate the same causes as *l'ânonnement.* They are an intellectual disorder, a certain slowness in the emission of ideas, a certain difficulty in finding the right word, a defective state of memory. Hesitation of speech is for the most part concomitant with hesitation in actions, which characterizes the same intellectual debility.

C. *Trembling of the speech.* Trembling of the voice belongs to the class of ataxy. It consists in pronouncing the syllables into which the words are separated in intervals, which are not isochronal. It is a stammering of persons in choleric or intoxicated conditions. It is distinguished from scanned speech by the non-

isochronism of the intervals. In regard to general paralysis, it is of great value in a diagnostic point of view, as it is most frequently observed in the earliest stages of the disease. In the course of a diffuse peri-encaphalitis, we can observe all the degrees of the trembling of speech. In the beginning it is sometime so little appreciable that it escapes our attention. We must, therefore, examine with the greatest care; a slight trembling of the speech is an inconstant phenomenon; it is perceptible one day and not on another; it is, therefore, necessary to observe the patient for several days if we suspect paresis and not to base our diagnosis upon a single examination, especially if it be of a negative character. The trembling of speech is very frequently concomitant with other symptoms which aid the diagnosis. So the trembling of muscles, a fibrillous trembling of the muscles of the face, of the tongue, inequality of the pupils, not to speak of signs evidenced by delirium, when it exists, by cerebral excitations, and most frequently by an intellectual debility. The trembling can attain a degree in which the emission of sound becomes almost impossible. At the same time the tongue is agitated in movements which resemble those of a permanent concussion. The trembling of speech in alcoholism resembles that in paresis, and a diagnosis based solely on its occurrence might be deceptive, but the concomitant physical symptoms facilitate our judgment.

D. *Le bégagement*, stuttering, is a disorder of speech characterized by a successive repetition of the same syllables and words, accompanied by a painful effort in phonating and articulating the words. Its diagnostical value is not demonstrative as the *bégagement* can be congenital, or caused by unknown influences. In regard to the latter, the author presents a young man who has

become *bégue* by degrees in the course of ten years. He is not a paretic, and the cause of the phenomenon is entirely obscure.

Le bredrouillement, considered in persons who are not paretics, is characterized by a precipitation in the emission of syllables. It is not necessary that the speech be abnormally hastened where *bredrouillement* exists. It is a discordance between the functions of the medulla and those of the cortex cerebri and the muscles and nerves which are innervated by the centers in the medulla, in persons who *bredrouille*, seem not to have time to execute the orders given by the will. It is in paretics a symptom which manifests ataxy; but it can be a congenital infirmity; it is observed in chronic alcoholism and inebriety.

All these disorders of speech may occur separately, especially in the beginning of the disease. The trembling is most frequently found isolated, and of all, has the greatest diagnostic value, and the greatest clinical interest. But in the more advanced stages of the disease it is concomitant with other disorders of a cerebral origin, as *l'ánonnement*, which are the signs of a demented condition, and there is no paresis without dementia, or if the term is preferred, without intellectual enfeeblement.

In conclusion we recommend this valuable volume to our readers and friends, the more as the results obtained by the author, so fully concur with those arrived at by observations and investigations, carried on in this Asylum, and which have been communicated in articles published in this JOURNAL.

Insanity in its Medico-legal Relations. A. C. COWPERTHWAIT, A. M., M. D., Philadelphia: J. M. Stoddart & Co., 1876.

This is a monograph of eighty pages. The author announces in the preface, "that he does not flatter him-

self that he is bringing forward any strikingly new or original ideas in regard to insanity." This is well and truthfully said, and no one will, we think, find fault with the position, and it may be added, that in presenting the views of others the author does not show good judgment in selecting those which are really scientific and valuable. From neither his extracts or comments would we conclude he had derived any advantage from "a somewhat extended experience of his own." Perhaps nothing could better illustrate the jumble of views presented, than the list of authors he has laid under contribution. We have followed nearly his own arrangement according to the amount of material furnished by each. They are Maudsley, Hammond, Ray, Wynter, Bucknill and Tuke, Griesinger, Cowperthwait and the *New York Tribune*. This reminds us of an old fashioned patch-work quilt, with this difference, that in the latter attention was paid to harmony, both in form and color of the pieces. In the seven chapters, the subjects of pathology, classification, diagnosis, criminal responsibility of the insane, epileptic insanity, and treatment are considered. These are preceded by an introduction, and followed by an index of nearly two pages, which, however, are filled out by an "errata" giving fourteen corrections of the text. The book is claimed "to contain the essential facts relating to the pathology and diagnosis, and the legal relations of insanity which should be familiar to every physician and the knowledge of which is of absolute necessity to him when called upon to testify in courts of justice." This claim, however, can not be allowed, as we can not conceive of the book being of value either to the science of medical jurisprudence or to the profession, and consider it fortunate that the latter is not restricted to it for knowledge of the subject of insanity.

Science and Miracle, Louise Lateau, ou la Stigmatisée Belge. Par le, Dr. BOURNEVILLE.

Dr. Bourneville reports the case of Louise Lateau, one of stigmatism in Belgium, which has attracted much attention. The history and analysis strip the case of all the miraculous or supernatual characteristics which were thrown around it by some observers, and give it its true place as one of nervous disease of a hysterical type.

REVIEW OF AMERICAN ASYLUM REPORTS FOR 1875.

MAINE. *Report of the Maine Insane Hospital:* 1875. Dr. H. M. HARLOW.

There were in the Hospital, at date of last report, 393 patients. Admitted since, 188. Total, 581. Discharged recovered, 68. Improved, 31. Unimproved, 27. Died, 52. Total, 178. Remaining under treatment, 403.

This is the thirty-fifth annual report of the Hospital. The statistics of the Institution show that 40.02 per cent. of all those admitted have been discharged recovered, 17.35 improved, 15.28 unimproved, 18.53 per cent. died. Thus it appears that more than half of all those received into it have been either restored or improved in their mental condition, while about one-sixth were discharged unimproved, and about the same proportion died.

Dr. Harlow refers to the alarming increase in the number of suicides which are annually taking place in this country, and deprecates the practice of the newspapers in publishing them with all the details of their accomplishment, broad-cast through the land. "As now treated, suicides have a notoriety scarcely less pub-

lic than the most worthy acts and events of life." It is to be regretted that a taste for these items of news has been developed, by being constantly presented to the eye of the public, and we doubt not the influence of these records has been powerfully felt in increasing the number of suicides and suicidal attempts in both the sane and insane.

The new chapel building which was erected in front of the Asylum buildings, and from its location was deemed unsuitable for the purpose intended, has been converted into wards for the patients of the quiet class. A new building has been erected, and is now ready for occupancy. It is located eighty-five feet in rear of the center building, and contains on the first floor a kitchen and store rooms, bakery, &c., in the second story, a sewing room, rooms for sick, attendants and help, and in the third story, a chapel and amusement hall. Three new boilers have been purchased and set, about three acres of land, diversified by lawns, ravines and miniature woods have been inclosed as a pleasure ground, and afford advantages for out of door amusement and exercise never before enjoyed. Repairs have been made as demanded by the condition of the buildings.

MASSACHUSETTS. *Twenty-Second Annual Report of the State Lunatic Hospital at Taunton:* 1875. Dr. W. W. GODDING.

There were in the Hospital, at date of last report, 508 patients. Admitted since, 477. Total, 985. Discharged recovered, 114. Improved, 150. Unimproved, 52. Died, 67. Total, 383. Remaining under treatment, 602.

As swelling the ratio of recoveries, Dr. Godding reports two or three who "recovered" from the effects of stimulants only to return to their cups, to be recommitted within the year.

The remedy which the Doctor proposes, is one which receives the support of some men of acknowledged experience with inebriates, and of a constantly increasing number of intelligent people, who have given the subject thought. It is the establishment of an inebriate reformatory where confirmed cases of this kind can be kept at work for a term of years. Upon the great increase of chronic lunacy, the Doctor makes the following remarks.

There is another point, however, which naturally connects with this, to which I fear attention has never been called, and which, I think, it is quite as important that the public should know. In 1860, of all the patients received at this hospital, more than sixty-seven per cent. belonged to that very curable class; that is, had been less than six months insane on admission. In 1865 they were still about fifty-eight per cent. of the number admitted. In 1870 they were only forty-eight per cent., and in the admissions of the last year they had fallen even below thirty-eight per cent. Where it will be five years hence I do not undertake to say. It is true these have been rather exceptional years, but take the five years ending with 1860, the per cent. is sixty-three, nearly; the five years ending with 1865, it is a little more than fifty-eight; the next five years it falls to forty-eight; and for the last five years, it is rather more than forty-three per cent. What is the meaning of all this? It can not be said in our case that this is due to the transfer of chronic cases from other hospitals; for since the first two years, when transfers were made from Worcester, which time is purposely omitted from this calculation, our patients have come directly from the towns and people at large. This falling off in curable cases, and startling increase of chronic insanity on admission, I take to be due, in a great measure at least, to the efforts of the philanthropists, falsely so-called. They may be proud of their work, feeling that if all the recent cases were kept at home they would all recover; but if so, whence come all these chronic cases which have of late been poured into our hospitals, in a way to impress us with the belief that insanity was increasing at an alarming rate? I fear they are some of the fruits of their labors. We have been accustomed to regard the typical modern philanthropists of the last dozen years as impracticable, but on the whole harmless. Their hobby has been personal liberty, the greatest freedom

of the individual, and as an almost necessary corollary of this, that the treatment of the insane by restraint in hospitals is entirely erroneous. They study humanity in the abstract, and wholly ignore the fact that insanity is a disease; feeling that it would be a misuse of the English language to call the medical officer in charge of a hospital anything but a keeper, they assume that he is a brute; always ready to tinker the laws that apply to the insane, but never to take any individual responsibility in their care; grand in generalities, with a wholesome scorn for the contemptible details of facts; men of kindly lives and generous impulses, groping after truth, they are fastened upon by every crazy old woman who wishes legislation undertaken touching the wrongs of the insane. Accordingly, legislatures are besieged, tales of abuse in hospitals judiciously inserted in all the leading papers, whose proprietors are only too willing to have something sensational to make them sell, commissions are appointed, investigations ordered, and another effort made to enlighten the public in regard to the unfortunate insane. All this may be very good for the officers of the hospitals, as preventing them from being puffed up with pride or having too easy a time, but there is also a darker side to the picture. How many relatives of friends under treatment in hospitals have thereby an added load to a burden already heavy enough to bear? Was it necessary to harrow with a nameless distrust and fear the heart already bowed with the anguish of a living widowhood? How many are living to-day outside of hospitals, a constant anxiety to their friends and a burden to society for support, who were treated at home on account of the tirade against hospitals! Taken there at first, they might have gone out well in a few months,—sooner or later, now, they will go there for life. "We kept her just as long as we could, for we dreaded to bring her to a hospital." How often I hear it, and mentally I ask the question. Having kept her so long, why did you bring her at all? For a glance at a face that was young shows me that the light has gone out in the eye, and dementia has come where at first there was only mania. Standing in the presence of these blighted lives, I forget to be patient with a philanthropy whose blundering imbecility is little short of crime. For years Massachusetts has been overtaxed to support "isms." She needs rest—and in that belief the last legislature voted to dispense with all further commissions and committees to investigate the condition of the insane, to which I think all who are honestly working for the best interests of that unfortuate class will say amen.

MASSACHUSETTS. *Forty-Third Annual Report of the State Lunatic Hospital at Worcester:* 1875. Dr. B. D. EASTMAN.

There were in the Hospital, at date of last report, 485 patients. Admitted since, 362. Total, 847. Discharged recovered, 90. Improved, 147. Unimproved, 63. Died, 67. Not insane, 2. Total, 369. Remaining under treatment, 478.

Dr. Eastman, in a short review of the subject of recovery from insanity, reaches the conclusion that the percentage of recoveries is much less than claimed by many statisticians, and will probably, under the most favorable circumstances not exceed fifty per cent. He still urges the employment, at the earliest moment practicable, of the use of such remedial measures as are to be found in institutions for the insane. Regarding the incarceration of sane people in asylums, the Doctor testifies, that after an experience of twelve years with more than four thousand patients he has never known a single sane person to be maliciously sent to a lunatic hospital. The current expenses of the Hospital show a less rate per week, by a few cents, than during the previous year. This is owing to the larger number under treatment. Satisfactory progress is reported upon the new Hospital buildings, and if appropriations are made, they will be completed by the time originally designated.

MASSACHUSETTS. *Twentieth Annual Report of the State Lunatic Hospital at Northampton:* 1875. Dr. PLINY EARLE.

There were in the Hospital, at date of last report, 476 patients. Admitted since, 153. Total, 629. Discharged recovered, 29. Improved, 45. Unimproved, 38. Died, 41. Total, 153. Remaining under treatment, 476.

It should, in justice to the Institution, be said, that the small ratio of recoveries is owing to the fact that

fully nineteen twentieths are of the "incurable" class. The subject of periodical and recurrent mania is spoken of, and reference made to the action of the Association of Superintendents in 1846, regarding the status of these cases. The unanimous agreement being that no person of this class should be discharged recovered more than once during the same year. One person is said to have been thus discharged six times in one year, and another person during a lifetime added forty-six to the list of recoveries in different American institutions. This case reminds one of the repeaters who add so many votes to their favored party. The Doctor presents an amusing account of the operation of the law regulating the correspondence of patients with the different supervisory boards, whom they were allowed to address through the postal boxes placed in the wards. Of those there were twenty-one in the various wards of the Hospital. During the year, *three* letters were placed in these boxes, one addressed to the Board of State Charities, one to the Secretary of the same and one to the Superintendent, The contents of two of them are given, both of which are of such an evidently insane character as at once to stamp their writers as being proper persons for treatment, and retention in an Asylum. No stronger argument against the utter folly and uselessness of such a law could be presented, than the copy of the letter in the report.

The Doctor adduces further proof in support of the project of erecting separate institutions for the care and treatment of epileptics. The financial exhibit, during the decade just past, is most creditable to the officers in charge of the Hospital, and gratifying to the people of the State. From the current funds, there has been paid out, for improvements and repairs, $109,112.50 while the increase in land, in furniture, in supplies and

cash assets, amounts to $45,014.69, making a total of $154,127.19 to the credit of the Hospital. We would not draw any invidious distinctions, or make comparison between institutions, as their conditions and circumstances are never sufficiently alike, to enable this to be done with justice, but this statement entitles the Northampton Hospital to a foremost position as regards its finances among the charitable institutions of the land.

MASSACHUSETTS. *Report of the Commissioners, upon the erection of the New Hospital for the Insane, in the north-eastern part of the Commonwealth:* Danvers: 1875.

This pamphlet contains the report of the Commissioners, the engineer, the architect, and of Dr. C. A. Walker, the Medical Adviser. It gives in detail a description of the buildings and appurtenances belonging thereto. The plan is of the segregate system, and consists of buildings, containing a ward in each story, and connected by corridors. This feature is reproduced from the plan of the Buffalo Asylum in this State. Provision is made for 360 patients in single rooms, and 90 in associate dormitories, while 150, can be accommodated in the attic rooms, making a total of 600 patients. Thus far, $900,000 have been appropriated, and $600,000 are now asked to complete the buildings. This amount given promptly, will enable the Commissioners to complete the Asylum for the reception of patients by the middle of 1877. The plan, the architecture, the style, and the thoroughness and permanence of the work already performed, receive the approbation of Drs. Earle, Ray, Godding, Jelly and Walker, whose letters of commendation conclude the report.

RHODE ISLAND. *Thirty-Second Report of the Butler Hospital, for the Insane:* 1875. Dr. JOHN W. SAWYER.

There were in the Hospital, at date of last report, 127 patients. Admitted since, 102. Total, 229. Discharged recovered, 37. Improved, 21. Unimproved, 14. Died, 14. Total, 86. Remaining under treatment, 143.

The report contains a description of the new "Duncan Ward," which is now completed, and occupied by women patients. It is two stories high, one hundred and twenty-four feet long, and thirty-eight feet in width. It has a southern extension, and a beautiful outlook, and contains, in addition to the other accommodations for patients, an infirmary where the sick can be visited and cared for by friends, without passing through the wards, or interfering in any way with the routine of duties of the house. An extension has also been made to the north wing, which contains dining rooms, and other needed conveniences. The construction and finish, are durable and tasteful, and the arrangements for heating and ventilating, accomplish their objects most satisfactorily. The connection with the city water works has been made, and a full supply of water for all household purposes, and for protection against fires has been obtained. The trustees and superintendent notice with heartfelt regret the death of Robert H. Ives, Esq., who had been identified with the Hospital, since the date of its organization, as an earnest and active member, and Secretary of the Board. His loss is deeply felt, and the resolutions to his memory, passed by the Board, give fitting expression to their feelings of sorrow, and of appreciation of his worth.

NEW YORK. *Fifth Annual Report of the Buffalo State Asylum:* 1875.

This contains the report of the Board of Managers, of the architect, and the building superintendent.

The amount already expended is $758,599.03. To complete the administration building, male wards A and B, kitchen, workshop, boiler room, fan room and bakery, an appropriation of $200,500 is asked. To inclose and complete wards C, D and E, a somewhat larger amount is required. The managers urge upon the Legislature to make provision for the completion of the building, on the ground of duty to the insane, and that it is for the interest of the State to make the past appropriations available.

New York. *Seventh Annual Report of the Willard Asylum for the Insane:* 1875. Dr. J. B. Chapin.

There were in the Asylum, at date of last report, 905 patients. Admitted since, 179. Total, 1,084. Discharged recovered, 3. Improved, 17. Unimproved, 12. Died, 49. Total, 81. Remaining under treatment, 1,003.

In one table is presented the duration of insane life, in those who have died during the past five years. The general average for the whole number is 10.8 years, which is less than former computations, which have ranged from eighteen to twenty-two years. Dr. Chapin makes some remarks upon the increase of insanity in the State, the percentage of which he shows exceeds that of the population, and thinks it can not be accounted for on the ground of the erection of new asylums, and the consequent bringing to light cases heretofore concealed. It is a matter of observation that among the patients of that Asylum the great burden of insanity occurs, not among the pauper, or the wealthy, but the middling and laboring class of society. Of the patients received into the Asylum, eighty-five per cent. were reported to have had self-supporting occupations. In tracing the causes of chronic insanity, it is found that the insane of the

above mentioned class, do not receive the prompt treatment which is rendered the indigent and dependent classes, or in other words, the public does better for them, than they are able to do for themselves, as owing to their inability to pay for treatment, they are retained at home, until all ground for hope is passed, and the exhaustion of means, threatens pauperism to the entire family. From these facts, the urgent appeal is made that all the recent and curable insane should be transferred to an asylum for their treatment. From the report of the Board of State Charities, the statement is made, that in 1871, 1,670 persons, or one for every 2,624, became insane, and that this is about the percentage annually. Of this number, probably forty per cent. will recover, while sixty per cent. will die, or lapse into a chronic condition. In 1871, there were 6,775 insane in the State, of which only sixteen per cent. were of less than one year's duration. This same disproportion between the acute and chronic insane also exists in England and all the older countries. The policy in regard to the acute cases is already settled, that they are to be treated in special asylums, but the question what shall be done with the chronic class is still an open one, and can not be considered as definitely fixed. The operation of the Willard Asylum, in the care of the chronic insane, has given satisfaction to those concerned in its management, and the Legislature is urged to continue appropriations to extend the accommodations until the limit, consistent with efficient and proper administration, shall have been reached. The capacity of the present structures is 1,200, how much it is believed this may be increased to advantage, we are not informed.

NEW JERSEY. *Annual Report of the New Jersey State Lunatic Asylum:* 1875. Dr. H. A. BUTTOLPH.

There were in the Asylum, at date of last report, 655 patients. Admitted since, 218. Total, 873. Discharged recovered, 60. Improved, 54. Unimproved, 6. Eloped, 2. Died, 47. Total, 169. Remaining under treatment, 714.

Dr. Buttolph announces his acceptance of the appointment to the superintendency of the new asylum at Morristown, and his probable removal early the coming summer. He closes this, his last report of the Asylum, with an historical sketch of its inception and construction. The death of the steward, Mr. Caleb Sager, who had been connected with the Institution from its opening, and also that of Dr. Schenck, after a service of one year, are sad incidents of the annual record. Dr. James Hallock, the successor of Dr. Schenck, presents his resignation, to take effect as soon as a substitute can be obtained.

NEW JERSEY. *Report of the Commissioners to select a site and build an Asylum for the Insane:* 1875.

The report gives in detail the expenditures for construction, and an estimate of the amount needed to fully complete the Asylum for the reception of patients. About two millions have been expended, and $250,000 more is asked from the Legislature. Accommodations for 800 patients are provided. The work is far advanced, and it is hoped the Asylum will be ready for occupancy by May of the present year.

PENNSYLVANIA. *Report of the Pennsylvania Hospital for the Insane:* 1875. Dr. THOMAS S. KIRKBRIDE.

There were in the Hospital, at date of last report, 416 patients. Admitted since, 268. Total, 684. Dis-

charged recovered, 112. Improved, 66. Unimproved, 44. Died, 43. Total, 265. Remaining under treatment, 419.

In addition to the remarks, descriptive of the amusements and occupations afforded the patients, and the various improvements of the year, Dr. Kirkbride has presented in a forcible and instructive manner the claims of the insane of the State, and the necessity of increased accommodations. He advocates the erection of two institutions, one for each sex in the eastern section of the State. These are already demanded for the City of Philadelphia alone, which has now 1,200 insane crowded into a building of a scant capacity for 600. The failure of the last Legislature to make appropriations for the extension of the Asylum at Danville, and for the erection of the one already commenced at Warren, is deprecated in behalf of the 600 cases of insanity which have occurred during the year, many of whom now languish in the jails and almshouses, and a large number will probably pass into a chronic and incurable stage from the lack of proper treatment. The care of the insane—a centennial retrospect—is the heading of an interesting chapter of the report. In 1751 the Pennsylvania Hospital was organized, and on the 11th of February, 1752, the first insane patient was admitted to its wards. From that time to the present it has continued the beneficent work of caring for this unfortunate class. In 1773, the Asylum at Williamsburgh, Virginia, the first State Institution was opened for patients. There are now, or in process of erection, seventy-six hospitals for the insane, which will accommodate 29,000 patients. As indicative of the advance of the century, reference is made to the ideas now so generally entertained regarding the causation of the disease and the correct mode of treatment of the insane;

to the dissemination of knowledge among the people, and the profession, by which much of the mysticism which enshrouded the subject has been dispelled, and the prejudice against asylums correspondingly removed. Lectures on mental disorders have been delivered in the various medical schools; anatomical and microscopical researches are being conducted in the interest of science, while the literature of the subject has been enriched by the writings of those whose names are an honor to the profession and the country. To this period also belongs the credit of having started the first quarterly journal in the English language, devoted to this specialty, which, after an existence of thirty-two years still flourishes. As a result of this progress, the opinion is expressed, that at no distant day, it will be a recognized principle that the State is bound by every dictate of humanity, justice and enlightened economy, to make provision for all its insane in institutions of a high order.

PENNSYLVANIA. *Report of the Managers of the Western Pennsylvania Hospital for the Insane:* 1875. Dr. JOSEPH A. REED.

There were in the Hospital, at date of last report, 512 patients. Admitted during the following ten months, 170. Total, 682. Discharged recovered, 64. Improved, 46. Unimproved, 43. Died, 38. Total, 191. Remaining under treatment, 491.

The fiscal year of the Institution has been made to close with September instead of November, which makes the present report to embrace the period of ten months only. The report repeats the old story of crowding, five hundred patients being made to occupy the space intended for four hundred. Great inconvenience was experienced from the loss of the legislative bill making the usual appropriation for the Institution. It

had passed both houses without change or amendment, but was subsequently lost or otherwise disposed of, with several other important bills, and never reached the hands of the Executive. Improvements and repairs, such as were imperatively demanded, have been made. A new slate roof replaces the corrugated iron one, over the older parts of the building, and an additional pump with extra suction pipe insures abundant and constant supply of water. For the past fourteen years, the only dependence has been upon a single pump and supply pipe, so that in case of accident to the one or stoppage of the other, from accumulation of sediment, the entire water supply was interrupted and the whole Institution *was without water*, a state of affairs not only unpleasant, but dangerous.

PENNSYLVANIA. *Report of the State Hospital for Insane at Danville:* 1875. Dr. S. S. SHULTZ.

There were in the Hospital, at date of last report, 238 patients. Admitted since, 125. Total, 363. Discharged recovered, 28. Improved, 23. Unimproved, 24. Died 28. Total, 103. Remaining under treatment, 260.

The general remarks are mostly concerning the occupation and amusement of patients. Efforts to induce patients to join the working parties have been crowned with variable success. Of the whole number, sixty per cent. were deemed able to engage in out of door employments, and of this proportion, the number on different days, varied from none to above twenty. This experience is, we think, a common one in asylums, and will be best met as the Doctor suggests by a better classification of patients. A ward especially devoted to those who work out with the employés of the farm, and with those in charge of various departments of farm

work, may be found of great advantage. Patients from the other wards of the building to whom so much liberty can not safely be allowed, can be sent out under the charge of attendants.

MARYLAND. *Thirty-Third Annual Report of the Mount Hope Retreat:* 1875. Dr. WILLIAM H. STOKES.

There were, at date of last report, 260 insane patients in the Hospital. Admitted since, 131. Total, 391. Discharged recovered, 55. Improved, 20. Unimproved, 1. Died, 18. Total, 94. Remaining under treatment, 297.

WASHINGTON, D. C. *Report of the Government Hospital for the Insane:* 1875. Dr. C. H. NICHOLS.

There were in the Hospital, at date of last report, 682 patients. Admittted since, 230. Total, 912. Discharged recovered, 78. Improved, 48. Unimproved, 10. Died, 58. Total, 194. Remaining under treatment, 718.

There is in the Hospital a large excess of men. The women's wards contain eleven more than their capacity, while the men's are overcrowded to the extent of one hundred and fifty patients. The question of increasing the accommodations is one which has attracted much attention from the superintendent and the trustees. The plan recommended is that of erecting a separate building for the women. The arguments in favor of this plan are given, and also the experience at the Pennsylvania Hospital for Insane, and the Michigan Asylum at Kalamazoo.

VIRGINIA. *Report of the Central Lunatic Asylum, (for Colored Insane:)* 1874–75. Dr. RANDOLPH BARKSDALE.

There were in the Asylum, at date of last report, 207 patients. Admitted since, 80. Total, 287. Dis-

charged recovered, 30. Improved, 2. Died, 12. Total, 44. Remaining under treatment, 243.

VIRGINIA. *Report of the Western Lunatic Asylum:* 1874–75. Dr. ROBT. F. BALDWIN.

There were in the Asylum, at date of last report, 334 patients. Admitted since, 135. Total, 469. Discharged recovered, 73. Improved, 11. Unimproved, 3. Died, 26. Total, 113. Remaining under treatment, 356.

The pressure for the admission of patients, and the unpleasant task of making a discrimination between the recent and chronic cases have added much to the labors and responsibility of the superintendent. There are already two hundred and forty patients, for whose admission application has been made to one or other of the asylums of the State. A recommendation is made to the Legislature to appropriate a sufficient amount to provide accommodations for two hundred and forty patients, at the expense of $500 per capita. Fortunately only the ward capacity is needed, the water supply, gas making apparatus, kitchen and laundry all being sufficient for the increased number of patients proposed. The system of furloughs, established by Dr. Stribling, is continued, as many as thirteen patients being absent at one time. The plan is said to work favorably both for patients and the Institution.

SOUTH CAROLINA. *Fifty-Third Annual Report of the South Carolina Lunatic Asylum:* 1875. Dr. J. F. ENSOR.

There were in the Asylum, at date of last report, 311 patients. Admitted since, 136. Total, 447. Discharged recovered, 40. Improved, 32. Unimproved, 23. Died, 52. Total, 147. Remaining under treatment, 300.

Dr. Ensor renews his request of previous years for means wherewith to enlarge the Institution and to pay

its debts now long in arrears. The difficulties of his position have been very great, and such as no State has the right to impose upon any of its officers, and that these have, at last, become too wearisome to be endured, is not a matter of surprise. The Doctor announces that he will retire from the arduous duties of superintendent, assistant physician and steward of the Asylum, unless something is done to remove from his shoulders the burden of doing the work, and also of carrying a large pecuniary responsibility, incurred to prevent the necessity of turning the patients out of doors and closing them against future comers. The needs, we would say demands, of the Institution are clearly and positively stated. An extension of the men's wards to accommodate eighty patients was put up the past year. There is an equal necessity for increased capacity on the women's side, as the announcement is made that none can be admitted for the coming year, unless a large number be removed by death, as there are only three cases which present a reasonable hope for recovery. We hope soon to have more cheerful news from South Carolina.

ALABAMA. *Fifteenth Annual Report of the Alabama Insane Hospital:* 1875. Dr. PETER BRYCE.

There were in the Hospital, at date of last report, 345 patients. Admitted since, 78. Total, 423. Discharged recovered, 33. Improved, 7. Unimproved, 2. Died, 29. Total, 71. Remaining under treatment, 352.

The call for additional accommodation is urgent in Alabama. The proposition is made, to erect for $25,000, a new building for the colored patients, whose removal from the wards of the Hospital would make room for sixty more white patients. This is, however, but a small part of what the insane of the State really need, but, such as it is, would be gladly accepted. The

subjects of treatment, amusements, expenditures and support, improvements and repairs, as relating to the Institution are pleasantly and clearly stated. Acknowledgments for remembrances of friends, of the editors of papers, and a notice of the advantages from the publication of the "*Meteor*" close the report.

TEXAS. *Report of the State Lunatic Asylum of Texas:* 1875. Dr. D. R. WALLACE.

There were in the Asylum, at date of last report, 127 patients. Admitted since, 90. Total, 217. Discharged recovered, 33. Improved, 19. Unimproved, 2. Eloped, 2. Died, 9. Total, 65. Remaining under treatment, 152.

The extension to the Asylum buildings has been completed, and is now occupied by patients. It is a substantial structure, one of the best public buildings of the State, and embodies the most advanced views of hospital construction. The State of Texas has already a large number of insane for whom there are no accommodations. In the present report Dr. Wallace presents arguments to influence legislation in favor of further provisions; these relate to the causation of the disease, the curability of it, and the pecuniary advantage to the State, derived from early care given to all of this unfortunate class. The arguments here adduced are certainly unanswerable, and are so presented as to carry conviction to any candid mind. In this instance they are further enforced by the evidence of a economic and successful administration of affairs.

KENTUCKY. *Report of the Central Kentucky Lunatic Asylum:* Dr. C. C. FORBES.

There were in the Asylum, at date of last report, 182 white patients. Admitted since, 183. Total, 365.

Discharged recovered, 41. Improved, 10. Unimproved, 4. Eloped, 2. Died, 39. Remaining under treatment, 269.

There were in the Asylum, at date of last report, 46 colored patients. Admitted since, 42. Total, 88. Discharged recovered, 7. Died, 13. Total, 20. Remaining under treatment, 68. Total in Asylum, 337.

KENTUCKY. *Fifty-First Annual Report of the First Kentucky Lunatic Asylum:* 1875. Dr. R. C. CHENAULT.

There were in the Asylum, at date of last report, 536 patients. Admitted since, 81. Total, 617. Discharged recovered, 49. Removed, 7. Eloped, 3. Died, 32. Total, 91. Remaining under treatment, 526.

OHIO. *Twenty-First Annual Report of the Western Ohio Hospital for the Insane:* 1875. Dr. JOHN H. CLARK.

There were in the Hospital, at date of last report, 526 patients. Admitted since, 300. Total, 826. Discharged recovered, 138. Improved, 30. Unimproved, 16. Died, 42. Total, 226. Remaining under treatment, 600.

The percentage of recoveries to admissions has been 46.30. The Institution has hitherto received all applicants for admission, but in the future, as it is now full, a discrimination in favor of recent cases must be made; comments are made upon the increase of insanity, and upon the hereditary character of the disease. The belief that this increase is real and not simply apparent, is entertained, and the causes briefly alluded to. The necessary improvements and repairs have been made, among the most noticeable, are the erection of a conservatory, the renewal of two of the boilers, and the introduction of a telegraphic communication with the fire department of Dayton. The average cost per capita, calculated upon the basis of current expenses is $2.86 per week.

OHIO. *Second Annual Report of the Commissioners for the construction of the Central Ohio Lunatic Asylum:* 1875.

The new buildings are well advanced toward completion. The walls are up, the roofs on, and the inside work progressing satisfactorily. The amount already expended, is $1,001,276.05; balance unexpended, $111,232.95; appropriation asked to complete the work, $220,000.00; total cost, $1,332,500. The Commissioners hope to have the buildings ready for occupancy by November of the present year.

KANSAS. *Eleventh Annual Report of the Kansas State Insane Asylum:* 1875. Dr. A. H. KNAPP.

There were in the Asylum, at date of last report, 110 patients. Admitted since, 26. Total, 136. Discharged recovered, 18. Improved, 2. Unimproved, 1. Not insane, 1. Eloped, 1. Died, 2. Total, 25. Remaining under treatment, 111.

The past year has been an eventful one to the insane of Kansas. An appropriation was made to increase the capacity of the present asylum, and to begin a new one at Topeka. The duty of the State, in caring for the insane, which has been too long neglected, promises now to be fulfilled. The work thus provided for, has been successfully carried out, though somewhat delayed by the economy necessarily practiced by the contractors to reduce a large pecuniary loss. An administration building, containing rooms in the fourth story, for temporary use as wards, and a transverse section, will provide capacity for 150 patients, and by over-crowding will probably be made to accommodate 200. The plans for the new asylum at Topeka, both a ground and elevation, are given in the report. These embody many of the advantages of the plan of the Buffalo Asylum, now being erected in this State. The different buildings are connected only by corridors.

The rooms are placed upon one side of the wards, while a central projection to the rear for sleeping rooms, makes up the proper number for a ward. Twenty-five thousand dollars was appropriated to begin the work on the new asylum. It is computed that there are now four hundred insane in the State. These with those annually occurring, will demand all the room prospectively provided in the new asylum, even before its completion. Dr. Knapp has in this report, presented in a forcible manner, the reasons, both humanitarian and economic, why the State should continue this work in this direction, and why prompt action is demanded.

Iowa. *Eighth Biennial Report of the Iowa Hospital for the Insane:* 1874 and 1875. Dr. Mark Ranney.

There were in the Hospital, at date of last report, 495 patients. Admitted during biennial period, 521. Total, 1,016. Discharged recovered, 144. Improved, 88. Unimproved, 129. Died, 104. Total, 465. Remaining under treatment, 551.

Dr. Ranney again fills the position of superintendent, to which he was recalled, after an absence of less than two years. The first subject that attracts his notice in the report, is the over-crowding of the Asylum, which now contains 250 more than it can well accommodate. He states the disadvantages to the patient, and the lack of true economy to the State, in this crowding together of the insane. The most speedy relief and with the least outlay of means, can be obtained by enlarging six small wards for four patients each, to a capacity for twenty-five. The prejudices and fears of the public, fanned into life, and kept aglow by exaggerated newspaper accounts, which can not be refuted by allowing every individual to satisfy his own curiosity by a personal inspection of all the wards and patients, are proven

to be groundless, as relates to the modern hospitals for the insane, and so also is the popular notion that sane people are knowingly and willfully incarcerated in them. Four cases of doubtful insanity are all that have passed under review of the Superintendent of that Asylum, and all of them were discharged as soon as their real condition was satisfactorily ascertained. The State of Iowa was the first, or among the first, to establish the law, taking from the hands of the superintendent of an asylum, the supervision and control of the correspondence of patients, with the outside world. In the last biennial report, was given the actual working of the law during the last year of its operation. We quoted at length the remarks of Dr. Ranney on the subject, and need only say now, that the result was deemed injurious to the patient, and subversive of discipline. The law has been so amended as to leave the control of correspondence where it formerly was, in the hands of the superintendent. Thus has the folly of legislation, brought about by *pseudo* philanthropists, urged on by the specious plea of an uncured lunatic, in behalf of her companions, whom she had left for their own good, been fully manifested. With a few more exhibits of the results of such a law, as those given by Drs. Ranney of Iowa, and Earle of Northampton, no State will be found desirous of extending its power over an asylum, erected and fostered by its own charity. A detail of expenditures for repairs during the period, and of the future demands, close an interesting report.

IOWA. *Second Biennial Report of the Hospital for the Insane, at Independence:* 1874 and 1875. Dr. A. REYNOLDS.

There were in the Hospital, at date of last report, 113 patients. Admitted during biennial period, 328. Total, 441. Discharged recovered, 55. Improved, 62.

Unimproved, 31. Died, 42. Total, 190. Remaining under treatment, 251.

The Hospital labors under a great disadvantage, from the want of a sufficient number of wards to carry out any efficient system of classification. The sections are completed only on one side of the center building, and patients of both sexes are received. The capacity of the Institution is already over-taxed, and two new wards are to be opened in the administration building, which will accommodate thirty patients more. A full supply of water, for present use, is now obtained, but suggestions are made, looking to further increase. Kerosene is used in place of gas, a most dangerous means of lighting. An appropriation is asked to make the desired change in lighting the present buildings, and to add to their number.

MINNESOTA. *Ninth Annual Report of the Minnesota Hospital for the Insane:* 1875. Dr. C. K. BARTLETT.

There were in the Hospital, at date of last report, 381 patients. Admitted since, 188. Total, 569. Discharged recovered, 66. Improved, 36. Unimproved, 6. Died, 27. Total, 137. Remaining under treatment, 434.

The new Asylum will soon be completed and fully occupied by patients. It will accommodate the insane already in the State, but with no provision for the future. The question of what shall be the policy of the State, regarding the care of the insane receives attention. Dr. Bartlett discountenances any separate provision, by reason of chronicity or incurability, but advocates the erection of first-class hospitals for all who may need their care. As a means of relief to the Institution, and for the advantages to accrue to all interested, he urges that the idiots and imbeciles be removed to some other appropriate place, as a school, a farm, or

in a family, where they can be taught and cared for, at an expense little if any greater than the present cost. The entire expense of running the Institution the last year was covered by the weekly allowance of $4.00; this year but $3.75 is asked.

CALIFORNIA. *Biennial Report, and Twenty-Third Annual Report of the Insane Asylum of California:* 1874 and 1875. Dr. G. A. SHURTLEFF.

There were in the Asylum, at date of last report, 1,224 patients. Admitted during biennial period, 615. Total, 1,839. Discharged recovered, 259. Improved, 63. Unimproved, 8. Died, 181. Eloped, 26. Total, 537. Remaining under treatment, 1,302.

A new wing for women has been erected and occupied. This furnishes sufficient accommodations for that sex for the present, and completes the Asylum as originally projected. Upon the causes of the prevalence of insanity in California, we quote the remarks of Dr. Shurtleff.

The prevalence of insanity in California, has led many to suppose that our climate has some direct action in its production. There is no foundation, in fact, for such an opinion. It is true, that in those portions of the earth's surface most favorable to human existence, and to intellectual activity and advancement, insanity will be found in the largest proportion; not from the direct effect of climate, but on account of the more artificial and complex mode of life, and the greater strain to which the mind is subjected in an energetic and progressive population. Our climate from its agreeable temperature, and its healthful and invigorating influence, is conducive to a full share of that mental energy and effort, found in the world's great belt of intellectual development and progress. It is the struggle for equality and supremacy, in all the innumerable pursuits of civilized life, which puts the mind to a test, in which the weak and defective are likely to fail.

Before the period of active progress in California, which commenced with the gold discovery of eighteen hundred and forty-eight, insanity was unknown, though the missionary settlements

had existed three-quarters of a century, and there was at that time a population of European extraction, estimated at fifteen thousand. At the present day, the same number of people, according to the ratio of insanity to the general population, would furnish the Insane Asylum with thirty patients. In eighteen hundred and fifty-two, when all the insane of the State were placed in the hospital at Stockton, out of the one hundred and twenty-four admitted during that year, only three were natives of California. During the seventy-five years already referred to, of the partial settlement of California, by the Spanish-Americans, and other white races, not only was no insanity developed by the climate, but no predisposition to it was established. When the exciting causes came into operation, as late as eighteen hundred and fifty-two, of this class of population there was only one insane person to five thousand, while of the recent immigration there was at the same date, already one insane person to every two thousand of the general population of the same class.

The shock of transplantation, separation from family and friends, disappointments, disastrous enterprises, sudden reverses of fortune, intemperance, fast living, and an unsettled condition of life, are the causes of a great proportion of our mental disorders.

These causes, or most of them, are much more rife in a rapidly increasing population, receiving large accessions annually from the influx of a very distant emigration, than in a more stationary community, whose growth is natural, and proceeds mainly from the multiplication of its own offspring.

It is a serious undertaking for a family of limited means to break up an old home, with all its neighborly attachments and endeared associations, and remove three thousand miles away. Add to the effect of this, the probable disappointments and dissatisfaction in establishing a new one, and we have produced on the mind what I have termed the shock of transplantation. Hence, there has always been, in our foreign immigration, in all the States, a large ratio of insanity.

In California, we have not only a large foreign population undergoing these changes and trials, but our domestic immigration, coming from varied climes and remote parts, suffers similar trials and results. But in addition to these causes of insanity in California, there are peculiar circumstances of location, which give her a great number of insane annually who do not belong to her. Once committed to the asylum, however, they are counted as her own, and, owing to the remoteness of the places to which they

properly belong, they become fixtures for life unless they recover.

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There is nothing which presents insanity in such startling proportions as a full enumeration of all its subjects, and an effort to provide for them all at public expense. Twenty years ago, when Massachusetts undertook this proceeding, there were found within her borders one insane person to every four hundred and fifteen of the general population, and many more unprovided for than were maintained, or could be accommodated, in her institutions established especially for their care. "In the short period of nineteen years, the estimated proportion of the insane in England, rose from one in seven thousand three hundred, to one in seven hundred and sixty-nine,"—a difference of more than nine hundred per cent.—produced, not by an increase in the ratio of insanity, but by a better knowledge of the extent of its existence. Dr. Bucknill estimates that in England and Wales, there is one insane or idiotic person to every three hundred of the population.

PRINCE EDWARDS ISLAND. *Annual Report of the Lunatic Asylum, Charlottetown:* 1875. Dr. EDWARD S. BLANCHARD.

There were in the Asylum, at date of last report, 64 patients. Admitted since, 14. Total, 78. Discharged recovered, 9. Improved, 2. Unimproved, 2. Died, 1. Total, 14. Remaining under treatment, 64.

ONTARIO. *Report of the London Asylum for Insane:* 1875. Dr. HENRY LANDOR.

There were in the Asylum, at date of last report, 566 patients. Admitted since, 130. Total, 696. Discharged recovered, 39. Improved, 8. Unimproved, 2. Died, 50. Eloped, 3. Total, 103. Remaining under treatment, 593.

PAMPHLETS, REPORTS, TRANSACTIONS OF SOCIETIES, &c.

American Association for the Cure of Inebriates. Proceedings of the Sixth Meeting held in Hartford, September, 1875.

The address of Dr. Parrish, as President of the Association, gives a flattering view of what has been

accomplished during the past few years. In this the distinction is drawn between the aspects of intemperance as a vice, as a crime, and as a disease. He says that intemperance is diminishing, largely through the influence of the civilizing forces, which multiply as we advance; that delirium tremens and *mania à potu* are of less frequent occurrence, and that "the tendency to them appears to have deviated into what is now-a-days called dipsomania." That the public press no longer looks upon the efforts of the association with suspicion and distrust, and that there is a steady growth of a favorable public sentiment. That institutions for the cure of inebriates are increasing in number, and even Connecticut has listened to the voice of philanthropy, and the Legislature has passed an act which has resu'ted in establishing an Institution, already located at Hartford.

Another encouraging sign, which is said "to be significant of progress in a direction that was not so soon anticipated."—The Association of Superintendents of Institutions for the Insane, at their last meeting in Auburn, "took a step quite in advance of their former position and practice on the subject, by the passage of resolutions expressive of their opinion, that institutions for inebriates should be established by law and sustained by public appropriations." There is in his view one drawback to full rejoicing, in the fear that these gentlemen have committed a blunder in expressing the opinion that the voluntary committal of inebriates to the care of institutions is "entirely futile, if not worse than useless," and claiming that they should be committed for periods arranged by statutory provision. These principles are of vital importance, and have not been overrated by the Association. A person who voluntarily enters an institution carries with him the power of voluntary discharge, and his submission to treatment,

or restraint upon his conduct, is also voluntary. He may be advised, and his reason appealed to, but his choice of action continues. "Enforced abstinence and compulsory detention" can not be exercised in his case, and depend entirely upon his own will.* It may be said, that if a person does not desire to get well, as the advocates of intemperance as a disease, would say, or to overcome the habit as others may say, he can go his own way and continue his indulgences. This power of choice is what is objected to by the Association. If the State assumes the responsibility and the expense of erecting and keeping in operation an institution of this character, it is for the good of all classes, for those who willingly seek its aid, and for those whom their friends or the community would make the effort to reclaim, even against their own will. It is for the drunkard in the gutter without friends, or means, or culture, who is entirely dependent upon the public, as well as for the man of refinement, who can pay hotel prices for his maintenance, and for whose comfort and care institutions, have in some instances seemed especially to be devoted, the prices charged being utterly beyond the reach of the great mass of people who stand most in need of aid. In State institutions such social distinctions will disappear, and all classes of inebriates will receive the aid they are entitled to. There are no distinctions in statutory law between individuals or classes. The provisions apply to all, the greatest good to society is the standard. In this instance it is the reclamation of the inebriate.

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* Judge Balcom, of the Supreme Court, at Binghamton, decided that the forcible detention of an inebriate at the Asylum, was an unconstitutional proceeding, and the patient was accordingly released.

Experience in the care of these persons, has taught the superintendents of insane asylums, that time alone, often a protracted period will effect such changes, both moral and physical as give well grounded hope of their permanence. Even then cases of intemperance are not discharged as recovered from any disease, but in fact, only as sober when they leave the institution. If we take the view of it that is held by those in charge of inebriate asylums, that inebriety is a disease, the situation is not improved, for it is not the recent cases that are received for treatment. It is only after years of indulgence and debauchery that persons find their way thither. They have long suffered from the poisonous effects of alcohol upon the "brain cells," and on the "nutrition of nerve matter," and from all the other effects so fully portrayed in the articles upon the subject. It is even worse than this, for Dr. Parrish says "that there is a diathetic condition which finds its specific expression in alcoholic excess." We have then causes long acting and "diathetic conditions" to deal with. It is hardly necessary for us to recall the general law accepted and acted upon by all physicians, that chronic conditions require protracted and persistent treatment for their removal. Recognizing this, and from the experience gained in treating inebriety in insane asylums, the superintendents incorporated in these resolutions their opinion of the necessity of stringent statutory laws, essentially as already enacted for insane asylums. These resolutions are founded upon experience and the principles of medical science.

The recorded results of treatment in inebriate asylums, is, however, in marked contrast with the above. Dr. Willard Parker, in an article, "Why Inebriate Asylums should be sustained," gives the statistics of cures in the New York State Inebriate Asylum, in com-

parison with several lunatic asylums. He says there are, in that Institution, one hundred beds and one hundred and thirty-seven patients were discharged cured, during the year, while in the Insane Asylum, at Utica, there were five hundred and eighty beds and one hundred and twenty-two recoveries, in the Pennsylvania Hospital for Insane, with four hundred and twenty-five beds, one hundred and eleven recoveries, and in the Retreat at Hartford, with one hundred and forty beds, forty-five recoveries. Now, it would be interesting to know what is the standard of recovery in the Inebriate Asylum, and whether it means anything more than the "sober" of the Lunatic Asylum.

These statistics would indicate that the frightful effects of alcohol upon the nervous and glandular system, and even the alcoholic diathesis are rapidly recovered from—and that with the alleged freedom from delirium tremens, the whole *discase* is no great shakes after all. Disordered conditions of the brain and nervous system, extending to alterations of brain structure, and involving the most intricate and vitally important ones, the very cells themselves, as claimed by the advocates of inebriety as a disease, we know are of the most serious import, and are only recovered from, even in favorable cases, after prolonged and persistent treatment. No such number of recoveries annually, in excess of the capacity of an institution, or even equaling it, can be realized from any known treatment. In the case of inebriates, either there is no disease of the brain, or their recoveries are not real. If inebriety is a disease, constitutional or otherwise, to be treated, then remedies, and time somewhat commensurate with the duration and extent of the disease are absolutely essential for cure. Congregating such people together, and subjecting them to the moral treatment of idle-

ness, indulgence in the use of tobacco, and card playing, with a moral lecture, once or twice a week, on the evils of intemperance will never cure disease. If we are to have Inebriate Asylums under legislative enactment, let them have such powers as experience has shown to be important to the success of other State Charities, where the afflicted are supported by the benevolence of a generous public and protected by the strong arm of the law.

Of the assertion regarding the diminution of inebriety in the country, Dr. Parrish gives us no data on which to base a judgment, but the statement that there are 20,000 inebriates in the State of Connecticut, a number which nearly equals one-fifth the voting population does not reassure us on this point. The establishment of the Inebriate Asylum in Hartford, would count one more on the list of numbers if the Institution of Dr. Parrish, at Media, had not been abolished.

Several papers were read at the meeting of the Association, one by Dr. Crothers, "On the Etiology of Inebriety," by Dr. Comings "On the Loss of Will Power by Inebriates," by Dr. Mann, "Intemperance and Dipsomania as Related to Insanity," and one by Dr. Burr, "On the Pathology of Inebriety."

Valedictory Address of Clark Bell, Esq., on retiring from the Presidency of the Medico-Legal Society of New York.

This is a short resumé of the advance made by that Society during the past three years, under the Presidency of the author. In numbers, an increase "from a small list to over 400 members;" in works, many addresses and discussions, some of which have been gathered into a volume and published, and a second

volume is now ready for issue. He recommends that the main portion of the Society shall always be composed of members of the medical or legal professions, but that scientists, chemists and men of letters shall also be admitted in small number, that it shall always be a strictly scientific body, and shall never accept for its government, the technical ethics of either legal or medical societies. He asserts that its usefulness depends upon the composition of its executive committee, and recommends that to it, only gentlemen of eminent attainments in medical jurisprudence shall be elected from the medical members of the society, and that the same rule shall obtain, though perhaps not as strictly in the other professions. He also recommends that a permanent committee shall be formed as in the Medico-Legal Society of France, to consist of nine members, "chosen especially for their scientific attainments and superior knowledge, as experts in matters of medical jurisprudence, from either profession." He quotes from the address of M. Duvergie, when he a second time assumed the presidency of the French Society. "We make an appeal, or rather we make an entirely disinterested offer to magistrates, to advocates, to medical experts, surgeons and chemists, and we say to them, if any difficulty presents itself to you in the discharge of your duties, if the solution of any question embarrasses you, or if you feel any doubts upon your mind, come to us, and with a very little delay you will receive the response from a body of men accustomed to interpret such cases and deduce their consequence." He continues, "this appeal, gentlemen, has been largely heard in all parts of France. Tribunals, magistrates, advocates or physicians, have for six years submitted to us their most difficult questions, and in the generality of cases, the Society has had the good fortune to see its advice taken

in the decisions and judgments which have been rendered." Many valuable books and some donations of money have been received, for the foundation of a library for the Society, and an endeavor has been made to secure "every accessible work in print." By a unanimous resolution of the Society, each of its members voluntarily assumes the obligation of contributing one volume per annum to this library.

Proceedings of the Conference of Charities held in Connection with the General Meeting of the American Social Science Association, Detroit: May, 1875.

Hon. John J. Bagley, Governor of Michigan, when called to the chair, made a short speech in which he says, "show them" the people of the country, "that every dollar that they expend in making their insane asylums large enough to receive the insane in their poor-houses, will save them a dollar, they would otherwise have to pay for county expenses, and the rest will be easy. By all means show them, that what you propose will save them dollars and cents. And you can do it, for it is a fact. Every dollar that has been expended on our Asylum at Kalamazoo, has been returned, and with interest, to the State. It has been again repaid in the restoration of the insane to their families and homes. Of all recent cases received at Kalamazoo, seventy per cent. have been permanently cured; while of those in our poor-houses, less than twenty-five per cent. have been restored to society. So forty-five per cent. of labor is saved by sending our insane to Kalamazoo, and money is made. If we can cure crime, we make money. If we can cure pauperism we make money. To do this we have got to convince the people, and we have got to reach them through their pockets."

Reports were made from various asylums, a concise history of provision for and treatment of insane in New England was read, followed by a general discussion. The recommendations of the society are, that a Commissioner in Lunacy be appointed in each State, and that much greater effort should be made to disseminate throughout the country, more correct views of the nature and causes of insanity, that thus, in many cases, an effort might be made while in an incipient state for its prevention. In support of this recommendation was adduced, the asserted increase of insanity over increase of population in Massachusetts, stated to be twelve per cent. and also the following statements from recent asylum reports. "The more we see of mental disease in its various forms, the more we are convinced that the study of its prevention is infinitely more important than even the study of its cure, and that the dissemination of more correct views of the true way of living and a more rigid observance of the laws of health and nature would greatly diminish its frequency." "It would seem as if the larger appliances and more diversified ministries which have been from year to year brought into requisition have not kept pace with the growing difficulties of treatment, as if the malady was finding a deeper seat, arising apparently in a large proportion of cases from original defect of organization, and less frequently from mere accidental causes." An interesting paper on "Gratuitous Medical Relief" was read, followed by a discussion on removing children from influences tending to pauperize and degrade them. A communication from Miss Mary Carpenter, on that subject was then introduced. After speaking of various institutions which she has visited, both in England and in the United States, she recommends that the State should assume the control of all children under four-

teen years of age, while for youth, above fourteen, convicted of petty crimes, reformatories should be established. She especially deprecates the evil associations, consequent upon the detention of all classes of criminals in a common receptacle, instancing especially the Tombs in New York. A paper on "Emigration" a subject of special interest at this time from a recent decision of the Supreme Court, and a very definite "form of statistical enquiry" to be answered in the next published reports of the various Boards of State Charities, close the proceedings.

On the Unilateral Phenomena of Mental and Nervous Disorders. By Alexander Robertson, M. D., F. F. P. S. G., &c., &c.

A study of various cases of unilateral mental, motor and other functional nervous disorders, occurring under the author's observation. In thirty-four cases of well marked hallucinations of one or more senses, thirty-one heard imaginary voices or other unreal sounds, twenty-nine had hallucinations of sight, two of taste, and one of smell. Of the thirty-one cases in which the hearing was involved, in five the voices were heard only in the left ear, in five others more in the left than in the right, in one in the right alone, and in two more distinctly in the right than in the left. The disorders of the other senses were bilateral. The author notes the preponderance of hallucinations of hearing in the left side as of interest. Six cases are given in detail. As the result of his investigations these conclusions are presented. "That one-sided psycho-sensorial phenomena are most apt to occur in the milder and more ephemeral forms of insanity, and particularly when it has been caused by the stronger alcoholic liquors." "In some of these cases disease would appear to have begun at the sense organ, and thence to have gradually extended to

the highest cerebral ganglia. At all events, the probability of such extension seems considerable in view of the facts ascertained regarding general paralysis." He mentions a case recently published by Dr. Clouston. "In which disease of the nervous system, beginning by blindness, afterward developed into general paralysis with insanity. On examination by the microscope, that gentleman was able to trace degeneration along the optic nerves and tracts as far as the corpora quadrigemina." "In all likelihood, illusions or hallucinations are much more frequently due to disease in the sensorium itself or in the perceptive centers, which there is reason to think exist in the hemispherical ganglia."

Mortuary Statistics of the Mutual Life Insurance Company of New York, from 1843 to 1874.

This volume includes the report of the medical department of the Company, by Drs. G. S. Winston and E. J. Marsh, and of the actuarial department, by W. H. C. Bartlett, LL. D. It is based upon the statistics of 101,967 insured lives, and 5,385 deaths. The Mutual Life has reached such an age, and its experience has included such a number of lives as to make its statistics worthy of study and confidence. They furnish a basis for future guidance far more trustworthy than the tables made from experience gained in other countries, in which there must necessarily be many elements foreign to our own country and period. The tables and deductions give many interesting facts regarding the relative frequency of the various forms of disease, at different periods of life, among different nationalities, and under the varying circumstances of climate and geographical location. From diseases of the nervous system, there were eight hundred and forty-nine

deaths, of these three hundred and seven were from apoplexy, one hundred and ten from congestion of the brain, one hundred and thirty-two from disease of the brain, and twenty-eight from insanity. This class of diseases appear to have increased somewhat during the past few years, but the increase is attributed to the fact that more elderly persons are insured now than formerly. There are many details of great interest to those engaged in life insurance, and to medical practitioners. The enlightened spirit which dictated the compilation of this work by Dr. Winston, and the presentation of it to the public in such perfection of typographical art, by this popular and prosperous company, can hardly be too highly commended.

On the Treatment of Amputations by the Open Method. By Frederic S. Dennis, M. D., House Surgeon, Bellevue Hospital.

A monograph of twenty-one pages, containing the records of seven consecutive major amputations, and conclusions drawn from seven others, also from resections of knee and elbow joints, and amputations of the female breast, all treated by this method. These operations occurred in the service of Dr. James R. Wood, in Bellevue Hospital, and were performed by him, or under his direction. They were made in persons of deteriorated vigor, from bad habits and surroundings, and were treated in wards abandoned as maternity wards from a fearful prevalence of puerperal fever, yet in no case was the suppurative fever severe, and every one made a good recovery, a result that may safely challenge comparison. The cut surfaces were left without sutures, adhesive strips, or dressings of any kind, but were frequently syringed with carbolic lotion, and all instruments, and the hands of the surgeon were washed in carbolated water, after dressing each case. When nearly healed, the shape of the stump was in some

cases influenced by adhesive strips. The author claims that by this method suppurative fever is modified, and largely obviated, that septicæmia is not likely to occur, that any tendency to formation of abscesses is prevented, that erysipelas seldom supervenes, and that recoveries are much more rapid, and their number largely augmented. These assertions are certainly substantiated by the records given, and promise a new era in surgical results.

Extract from the Ninth Annual Report of the State Board of Charities of the State of New York, relating to Pauper Children in New York County. By WILLIAM P. LETCHWORTH, Commissioner Eighth Judicial District.

About 775 children and youth, between the ages of two and sixteen years, are cared for, in a group of eleven buildings, on Randall's Island. They are comfortably fed and moderately clothed, yet entirely without the better features of asylum care, since most of the nurses are obtained from a low class of society, and are assisted by a large number of work-house men and women of the most degraded class. The result of such association is inevitably bad, fostering all the evil tendencies already existing from birth and breeding. Efforts made for their advancement, by the superintendent, a few officials and teachers of character, fall powerless before the influence and example of their constant companions, who also exercise over them a certain authority. He states that ophthalmic diseases of a contagious character are prevalent, and that at the time of his visits, there were three children totally blind, and ten blind in one eye, while in the Nursery Hospital, fifty-seven children had sore eyes, seven were blind, and three blind in one eye, thus entailing the expense of a life long support, of at least ten persons, and probably many more. The report advises that the es-

tablishment be broken up, and the children be supported in the various asylums through the State, which will receive them, where they will be among more favorable surroundings, and through better training be more likely to escape a life of pauperism and degradation.

Also an Extract from the above Report, relating to the Bearing of the Sanitary Condition of Towns, and the Crowding of Population into Filthy, Ill-Ventilated and Badly Drained Tenement Houses, upon the Increase of Pauperism. By H. L. Hogert and A. A. Low, Commissioners of New York and King's Counties.

The report was, however, prepared by Dr. A. M. Bell, and is a carefully written article upon the tenement house system of New York and Brooklyn, adducing statistics to prove that the increased expense in those cities, from sickness and death, and consequent non-production, also that arising from vice, pauperism and crime, which may be referred to this system, is perfectly enormous. It recommends that by legislative enactment, squares of houses be destroyed and their sites converted into parks and breathing places for the dense population that would remain, and that no houses intended for the occupancy of more than four families shall be erected, excepted in accordance with stringent sanitary requirements.

The Surgical Anatomy of the Carotid Arteries, as deduced from one hundred and three consecutive dissections. By John A. Wyeth, M. D., of the Bellevue Hospital Medical College.

In these dissections, very accurate measurements were made of the bifurcation of the common carotid, of the exact point of origin of each of the arteries arising from the external and internal carotids, and of their relations to surrounding blood vessels, nerves and muscles. These have been carefully tabulated, illustrated with

diagrams, and are given either in confirmation or refutation of the views of the most prominent anatomists, which are also published, forming a valuable source of ready reference to the surgeon. The conclusion which the author desires most strongly to emphasize, is that "the common carotid should never be touched, to arrest hæmorrhage from injuries to the external carotid."

Hereditary Disease. By J. M. WINN, M. D., M. R. C. P., &c., formerly Resident Physician of Sussex House Lunatic Asylum.

In this pamphlet the author endeavors to strengthen a belief, previously announced, in what he terms a "correlation of morbific forces," by which, as he explains, he means that mania, epilepsy, phthisis, scrofula, gout, cancer and rheumatism belong to a single family, are mutually convertible, generally hereditary, though frequently latent, and that when they assert themselves they do so in obedience to the exhibition, explosive or otherwise of their "morbific force." Especially does he insist upon the convertibility of insanity and phthisis. He gives in illustration, six cases where the patient suffered from more than one form of disease, one following the other, in two cases alternating more than once; and twelve cases where the patient suffering from one disease of the list had near relatives who suffered from another, and asserts that "cases like these can be multiplied to any extent." In the case of insanity following phthisis, the author does not appear to sufficiently regard the direct physical effect of the latter in producing the former, and that the physical changes, which it occasions, are the direct cause and not simply another form of the same disease. However all can join in the practical conclusion that hygienic rules should be carefully adhered to in the treatment of all children, and where an hereditary tendency is suspected, prophylac-

tic measures in diet, and medical treatment should be adopted.

Micro-Photographs in Histology, Normal and Pathological. By CARL SEILER, M. D., in conjunction with J. GIBBONS HUNT, M. D., and JOSEPH G. RICHARDSON, M. D.

We have received the prospectus of a new Journal, with the above title. It will be issued monthly, and each number will contain four plates, with descriptive letter press, at a cost of $6.00 per annum. The publishers are J. H. Coates & Co., 822 Chestnut Street, Philadelphia. We are glad to see that American talent is the first to occupy this field of journalism. We cordially welcome the effort, and hope the profession will give it an ample support. We feel a special interest in the matter, as for some years systematic investigations have been carried on in this direction in the Asylum, and by the Editors of this JOURNAL, which, we believe, was the first in the country, to present in its regular issue, illustrations of this class of work. We can not forget in this connection, Dr. J. J. Woodman, of the U. S. A., was the first to *successfully* produce the micro-photographic picture. Under so accomplished a microscopist as Dr. Richardson, we may expect the best results.

A Thesis on the Dual Constitution of Man or Neuro-Psychology. By S. S. LAWS, A. M., M. D

This pamphlet is entirely founded upon an hypothesis which the author repeatedly calls a theory, and though ingenious in its argument is of no real value. It, however, in the author's estimation, leads to an entire revision of the classification of mental disorders which now obtains, and to an overthrow of the accepted principles of their causation. He attempts to strengthen his argument by conclusions, drawn from in-

correct statements of physical laws. Had the author dealt with facts rather than mere speculations, his work might have possessed a value which can not now be attached to it.

The Relations of the Nervous System to Diseases of the Skin. Parts 1st and 2d, also

Two Cases of Exophthalmic Goitre Associated with Chronic Urticaria. By L. DUNCAN BULKLEY, A. M., M. D.

We have here records of a large number of skin diseases associated with more or less marked nervous disturbance, carefully collated, or occurring under the author's observation. He says that by such a number of cases, a strong association is proven, yet is at present unwilling to assert that any skin disease, herpes zoster excepted, is a true neurosis, since so great a number of similar cases of nervous difficulty are constantly occurring, without skin disturbance.

An Address Delivered to the Graduating Class in the Medical Department of Yale College. By HENRY P. STEARNS, M. D., Superintendent Retreat for the Insane, Hartford, Conn.

This address is a rapid and comprehensive review of the advance made in different branches of medicine, and especially in psychological medicine during the last half century; with a just and liberal view of the cares, duties and rewards of a faithful practitioner. It is written in a graceful and scholarly style.

Self-Injection of the Bladder, &c. By W. H. VAN BUREN, A. M., M. D., Professor of the Principles and Practice of Surgery, &c., &c., in Bellevue Hospital Medical College, &c., &c., and by E. L. KEYES, A. M., M. D., Adjunct Professor of Surgery, and Professor of Dermatology in Bellevue Hospital Medical College, &c., &c.

Hermaphrodism from a Medico-Legal Point of View, from the French of Basile Poppesco. By EDW. WARREN SAWYER, M. D., Lecturer on Obstetrics, Rush Medical College.

The Mind. An Introductory Lecture delivered November 4, 1875. By D. A. Morse, M. D.

Service at the Dedication of the Elizabeth Chapel at the Retreat for the Insane, Hartford: December 23, 1875.

Forty-Fourth Annual Report of the Perkins Institution and Massachusetts Asylum for the Blind: 1875.

Fifty-Fifth Annual Report of the New York Eye and Ear Infirmary: 1875.

Fourth Annual Report of the Roosevelt Hospital New York: 1875.

Report of St. Elizabeth's Hospital and Home, Utica: 1873–74–75.

Thirteenth Annual Report of the Catholic Protectory: 1875.

Twenty-Eighth Annual Report of the Massachusetts School for the Idiotic and Feeble-Minded Youth: 1875.

Transactions of the American Ophthalmological Society, Eleventh Annual Meeting: July, 1875.

Transactions of the Medical Society of the District of Columbia: January, 1876.

AMERICAN LUNATIC ASYLUMS.

Sir:—I have received letters and journals from several medical superintendents of asylums for the insane in the United States, calling my attention to a leader in *The Lancet* of November 13th last. My correspondents feel much aggrieved with that article, and have asked me to publish the truth as I have recently observed it as to the treatment of the insane in their country. I had hoped before this time to have published some notes on this interesting and important matter, but ill-health has prevented me from doing so, and I feel that no further delay should occur in my asking you to do justice to a class of highly honorable and meritorious medical men.

With the general principles of your leader regarding the proper treatment of the insane, it is well known that I entirely concur. I had the honor to serve under the non-restraint flag more than thirty years ago, when the fight was hot and undecided, and I am not likely to desert it now when the peace which follows victory

has been so long established among ourselves. I think, moreover, that we have a task of duty and obligation before us in converting our American brethren to our views and practice; but in order to succeed in this, it is essential that we should clearly understand and appreciate their position.

The use of mechanical restraint in the excellent State asylums of America, and in the admirable hospitals for the insane there, is no part of a system of negligence and inhumanity, and therein it differs *toto cælo* from its use in our country in former times, and in some foreign countries at the present time.

On this ground, therefore, I have no doubt that the adherence of the Americans to mechanical restraint in the treatment of the insane is solely an error of judgment, and, as you so forcibly express it, "an imputation on their professional acumen and social sagacity." But merely to asseverate this would be purely a *petitio principii*. We must prove it; and to do so, to change their opinions and assimilate them to ours, will, I see, be all the more difficult because the error stands so much alone, and because their opinions on all collateral questions are so enlightened and so much like our own; as it is notorious that in the propaganda of religious creeds conversions are most rare where theological opinions and moral practices are least removed.

The statement in your leader by which the American superintendents feel themselves most aggrieved is the following one:—"They adhere to the old terrorism tempered by petty tyranny. They resort to contrivances of compulsion; they use at least the hideous torture of the shower-bath *as a punishment* in their asylums, although it has been eliminated from the discipline of their gaols. And, worse than all, if the reports which reach us may be trusted, their medical superintendents leave the care of patients, practically, to mere attendants, while devoting their own energies principally to the beautifying of their colossal establishments."

I have no hesitation, sir, in assuring you from my own knowledge and observation, that, in all the above respects, the reports which have reached you are not to be trusted. I visited in the spring of last year ten of the public asylums in the United States, and enjoyed the most ample opportunities of observing the treatment of their inmates; and I say, most unreservedly, that I never saw the slightest indication of "terrorism tempered with petty tyranny." The fault of the Americans does not lie in the direction of harshness, but rather in that of timidity and fear of responsibility.

It is my constant habit, when I go over an asylum, carefully to examine all closets, bath-rooms, and out-of-the-way conveniences; and it is a singular fact that I never once found a shower-bath in in any one of the asylums which I visited in the States. In some of them I made inquiry as to the absence of this means of treatment so common with us, and formerly so much abused; and I was assured that it did not exist. As an instance, Dr. John P. Gray, assured me that, in the New York State Asylum, under his charge, there had been no shower-bath in existence for eighteen years. Of course I can not answer for what may be the practice in each of the numerous asylums scattered over a vast continent; but I can affirm that, in the asylums of the old settled States which I visited from Boston to Washington, the shower-bath is not used as a punishment, and, perhaps, too little used as a remedy.

On that count of the indictment which is "worse than all," your information has been certainly erroneous. So far from the medical superintendents of asylums in the States, leaving the care of their patients to mere attendants, the reality for which I vouch is that the American superintendents bring themselves more constantly and intimately into personal relation with their patients than it is the custom to do in our public asylums, and, moreover, they are assisted in the care of their patients by a much larger medical staff than our institutions usually possess. I could easily name large English asylums in which the medical care of the patients devolves entirely upon the medical superintendent and one solitary medical assistant who is also the dispenser; while in asylums of the same size in the States the medical superintendent would have at least two, but more generally three or four resident medical men to aid him in his professional duties. Here, again, I shall cite the example of the asylum for the State of New York, at Utica, where the resident medical staff consists of the medical superintendent, four assistant physicians, and a special pathologist—in all, six medical men to about six hundred insane patients. In the Washington Asylum, with seven hundred and fifty patients, the resident medical staff consists of four physicians, and I think, a dispenser. In the Pennsylvania Hospital for the Insane, containing four hundred and sixteen patients, the resident medical staff consists of four physicians. Even in asylums in which the management is far more open to criticism, than in those I have named I observed this large amount of the medical element on the staff, and in this most important matter it seems to me that we in this country may well take a leaf out of the book of example which we may find in the States.

I fully admit that there are asylums in the States the condition of which is grievously bad, and I have no hesitation in stating, from what I saw, that the large asylums for New York and Philadelphia are disgraceful to the municipal authorities of those cities. But this is not the fault of the medical superintendents further than it may be said to be their fault to hold office and discharge duties under circumstances which give them no fair play. I pity the patients in these asylums from my heart, but I have some pity also for conscientious and laborious medical men, who painfully endeavor to discharge their duties to the best of their ability under the vulgar rule of a municipality moved only by motives of party politics and unintelligent economy.

I remain, sir, your obedient servant,

JOHN CHARLES BUCKNILL.

Hillmorton Hall, Rugby, January 28, 1876.

—*London Lancet.*

On a Form of Insanity which may be termed Toxiphobia. By CHARLES A. CAMERON, M. D.

From time to time persons of various ranks in life consult me in cases of supposed, or rather assumed, poisoning, of which they are, as they assert, the victims. Being public analyst for several large towns and many counties, my name has become known to the lower classes in those places, and this accounts for the fact that among my *clientèle* are laborers, artizans, &c. In 1860 I commenced to keep a record of these cases, and I find that (excluding *bona fide* instances of poisoning) they number sixty-three. This is rather a large number, and shows that many persons believe that attempts are being made to get rid of them by poison. Each of the sixty-three persons to whom I refer was under the impression that some person or persons were endeavoring to poison, or *philter*, him or her, as the case might be; but after careful inquiry and consideration, I came to the conclusion that each of these persons was the victim of a delusion. Of course, persons occasionally consult me who have reasonable ground for suspecting the attempted, or actual, administration of poison, but I do not include such cases as those among the sixty-three above referred to. I propose to apply the term toxiphobia to a species of monomania which is by no means rare, and those laboring under which believe that persistent attempts are being made to poison them. Of the sixty-three toxi-

phobiacs, only two were obviously insane; the others were only under one delusion—the apprehension of being poisoned. The following is a rough classification of the sixty-one cases (those of the complete lunatics being excluded:)—

Eight men imagined that women were administering love-potions to them (no woman suffered under a similar delusion;) twelve men felt certain that their wives were trying to get rid of them by poison; nine women labored under a similar delusion with respect to their husbands; three female servants thought that fellow-domestics were attempting their lives; two men servants had a similar suspicion; one man and four women believed that members of their respective families were endeavoring to poison them; two persons stated that relatives who were possessed of property were poisoned by persons who sought to get possession of it; in eight cases the toxiphobiacs asserted that the persons with whom they lived or lodged, were attempting to poison them, in order to acquire possession of their effects; a petty sessions clerk thought that the disappointed candidates for the office which he held were endeavoring to poison him in revenge; a gentleman believed that an unsuccessful rival in a love affair had bribed the servants of the former to poison him; the wife of a laborer in a gas-works insisted that a female of her husband's acquaintance sought to poison her, in order that she might get possession of the complainant's husband; a person who was supposed to be an important witness for the plaintiff in a long pending Chancery suit lived in continual apprehension of being poisoned by emissaries of the defendant—he kept perpetually changing his lodgings, cooked his own food, would not use milk or other articles into which poison could be readily introduced, but, nevertheless, plied his business—that of a solicitor's clerk—intelligently and creditably, as I was informed. In the other cases I failed to learn the supposed motives of the imaginary poisoners; but still they were, undoubtedly, cases in which there were no real grounds for believing in the attempted administration of poison.

In all these (sixty-one) cases the toxiphobiacs, so far as I could discover, were perfectly sane upon all points except the one. One was a person of title, several belonged to the professions (one being a physician,) and many were of the lowest rank in life. The wife of a barrister believed that her husband was anxious to get rid of her, in order to marry a younger woman. She asserted that he was in the habit of pressing her to drink wine (which always had a peculiar flavor,) which she believed contained a slow poison, but

in which I could not detect either a peculiar flavor or poisonous matter. For many years this lady had entertained this suspicion, but had never mentioned it, she said, to any one except myself. I was acquainted with some of her friends, and it appears that no one—not even her husband—knew she was a monomaniac. Another woman, who suspected that her husband was slowly poisoning her, induced her relatives, by false representations (one of which was that she had submitted food to me which I pronounced to have poison in it,) to share her opinion, and a separation was the result. Subsequent events proved that the husband had no such intention; but though the toxiphobiac's relatives recanted their opinion of his conduct, she did not, and refused to return to him. This lady was clever, agreeable, and, on every point save the one, apparently perfectly sane.

The petty sessions clerk already referred to had some whimsical notions relative to the plans which his supposed attempted poisoners adopted, in order, to use his own words, to "get the poison into" him. He brought me a night-cap and night-shirt, which, he said, were charged with some subtle poison, for when he put them on they made his "skin creep," and produced a pain resembling the "sting of nettles." Colored fabrics sometimes produce dermatitis, but the articles in question were made of plain white calico. He said that his persecutors came at night, and blew into his room through the key-hole, through the window (if left open,) and even down the chimney, a white powder, which, when inhaled, produced great irritation of the lungs, followed by "weakness." He informed me that he was a stranger in the town where he was acting as petty sessions clerk, and that there had been several local applicants for the situation, some of whom, "out of revenge," were trying to get rid of him by means of poison. I made inquiries respecting this man, and found that he discharged his duties satisfactorily, and that no one suspected him to be the victim of any delusion.

A lady highly connected, moving in fashionable society, and apparently perfectly *compos mentis*, is perpetually bringing me articles of food and drink, for the purpose of ascertaining therein the presence of poison. She suspects that her brother and sisters are anxious to get rid of her, in order to acquire her property, but she tells me that she has never accused them of this design. She is always quite satisfied when I tell her that I have found no poison in the wine, or butter, or sugar, &c., which she had given me; but I know that in a few weeks or months I shall have another visit

from her. No one save myself appears to be aware that this lady is a monomaniac.

Sometimes toxiphobiacs are incredulous when informed that no poison is found in the articles analyzed for them. Some years ago a young gentleman suspected that a lady, in order to further her matrimonial designs upon him, was in the habit of administering some potent drug in his food. He always expressed surprise when informed that no drug or poison could be found in the suspected articles. On one occasion, however, I detected in tea a minute quantity of tobacco cut into the finest shreds; I informed him of the nature of the mixture, and (feigning anger) taxed him with having himself put the tobacco into the tea. He confessed that he had done so, in order to prove whether or not analysis could detect the presence of poisons in minute quantities. After this I saw him no more.

Philters (*φιλτρον*, a love-charm, or potion) seem to have been used from an early period by the Greeks and Romans; and among the latter, during the period of the empire, their manufacture was carried out upon a large scale, and their sale conducted openly. It need hardly be said that their use resulted in madness, imbecility, and physical disease, instead of the effect they were warranted to produce. Caligula's madness was by some attributed to philters administered to him by his wife, Cæsonia, for the purpose of retaining the tyrant's affections. Lucretius is also said to have been deprived of his reason by a love-potion. In the middle ages we find few references to philters, but in modern times deaths from their administration occasionally occur. In the case of *The Queen* against *Manifold* for murder, tried at the Wicklow Summer Assizes, 1875, the prisoner was accused of having poisoned a girl (his sweetheart) by administering to her phosphorus paste. He was acquitted, but the popular impression was that the phosphorus had been given to the girl as an aphrodisiac. Many of the persons who came to me with articles of food and drink for examination were under the impression that they contained drugs intended to excite the sexual appetite; but though I looked for cantharides and all the other so-called aphrodisiacs, I never found any; nor do I believe that in those cases there had been any attempt to administer them.—*Dublin Journal Med. Science.*

SUMMARY.

DEATH OF DR. WILKIE.—We are called upon to record the death of another member of the specialty, and of the Association of Superintendents.

Dr. James Warren Wilkie, Superintendent of the Asylum for Insane Criminals, at Auburn, died on the 13th of March, of organic disease of the heart. He was born at Manlius, Onondaga County, New York, on the 7th of July, 1825. He studied medicine with Drs. Moore and Taylor, of that village, and attended lectures at the Albany Medical College, from which he was graduated in 1847. He began the practice of medicine at Sandy Hill, Washington County, New York, and in 1852 removed to Auburn, where he continued his professional labors. In 1870, he was appointed Superintendent of the Asylum, and continued in that position until his death. He was a member of the State Medical Society, and had been the President of the Cayuga County Medical Society. In 1872, he received the honorary degree of A. M., from Middlebury College, Vermont. This is the record of his honors, but it gives us little knowledge of the man. He was as generous of heart, as he was large of stature, and endeared himself to his patients and friends in a peculiar manner. There was a combination of qualities in the Doctor, which seemed to draw forth the love and respect of all with whom he came in contact. His medical brethren bear testimony to his kindness, and manliness, and to his uniform courtesy in all professional intercourse. The Christian religion was the foundation of his symmetrical life and character. He

was governed by its precepts, and made it the guide of his daily life. As a public officer, he discharged his duties with scrupulous fidelity. His economy in expenditure of the funds entrusted to him, and his exactness in accounting for their faithful use were marked traits of his official life. The institution as enlarged and improved under his charge, will remain as a monument of his industry and ability. The Cayuga County Medical Society, passed resolutions expressive of their "high appreciation of his skillful and successful professional career, and of his moral standing as a citizen, which have deservedly gained him the respect and esteem of a large circle of friends, and reflected honor upon our profession." He was buried from the church of which he was a member. His funeral was attended and conducted by his masonic brethren, the members of Salem Town Commandery of Knights Templar.

—At the close of the year, Dr. John Charles Bucknill resigned the position of Chancellor's Visitor of Lunatics, which he held for a number of years, and the responsibilities of which he discharged with distinguished ability. We are glad to learn that Dr. J. Crichton Browne, of the West Riding Asylum, has been appointed to fill the vacancy. No better successor could have been selected. Dr. Browne was a pupil of Dr. Bucknill, and is a young man of a high order of talent, of great earnestness and energy, and an enthusiastic worker in his profession. It is to be hoped that the appointment will not suspend the important investigation originated by Dr. Browne, and so ably set forth in the West Riding Reports.

—Dr. Carlos F. MacDonald has been appointed Superintendent of the Asylum for Insane Criminals, at Auburn, vice Dr James W. Wilkie, deceased.

—Dr. Lewis Slusser resigned the position of Superintendent of the Northern Ohio Asylum, on the 15th of November, 1875. His resignation was accepted to take effect on the 4th of January, 1876. On the 17th of November, Dr. J. Strong was appointed to the vacancy thus created.

—Dr. D. J. Boughton, formerly Second Assistant Physician, has been appointed Superintendent of the Hospital for the Insane, at Mandota, Wisconsin, vice Dr. McDill, deceased.

—An International Medical Congress will be held in the University of Pennsylvania, Philadelphia, September 4th to 7th. The following persons are appointed to deliver addresses upon the subjects named.

Address on Medicine, by Austin Flint, M. D., Professor of Practice of Medicine in Bellevue Hospital Medical College, New York.

Address on Hygiene and Preventive Medicine, by Henry I. Bowditch, M. D., President of State Board of Health of Massachusetts.

Address on Surgery, by Paul F. Eve, M. D., Professor of Operative and Clinical Surgery in the University of Nashville.

Address on Obstetrics, by Theophilus Parvin, M. D., Professor of Obstetrics in the College of Physicians and Surgeons of Indiana.

Address on Medical Chemistry and Toxicology, by Theodore G. Wormley, M. D., Professor of Chemistry in Starling Medical College, Columbus, Ohio.

Address on Medical Biography, by J. M. Toner, M. D., of Washington, D. C.

Address by Dr. Hermann Lebert, Professor of Clinical Medicine in the University of Breslau.

Address on Medical Education and Medical Institutions, by Nathan S. Davis, M. D., Professor of Principles and Practice of Medicine in Chicago Medical College.

Address on Medical Literature, by Lunsford P. Yandell, M. D., late Professor of Physiology in the University of Louisville.

Address on Mental Hygiene, by John P. Gray, M. D., LL. D., Superintendent and Physician to the New York State Lunatic

Asylum, Utica, New York, Professor of Psychological Medicine and Medical Jurisprudence in Bellevue Hospital Medical College, New York.

Address on Medical Jurisprudence, by Stanford E. Chaillé, M. D., Professor of Physiology and Pathological Anatomy in the University of Louisiana.

The Congress will be divided into nine sections for voluntary contributions; these are on Medicine, Biology, Surgery, Dermatology and Syphilology, Obstetrics, Ophthalmology, Otology, Sanitary Science and Mental Diseases. In the latter, papers will be read upon the subjects, and by the persons indicated, as follows:

1*st Question.* The Microscopical Study of the Brain. Reporter, Walter Kempster, M. D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wisconsin.

2*d Question.* Responsibility of the Insane for Criminal Acts. Reporter, Isaac Ray, M. D., of Philadelphia.

3*d Question.* Simulation of Insanity by the Insane. Reporter, C. H. Hughes, M. D., of St. Louis, Mo.

4*th Question.* The Best Provision for the Chronic Insane. Reporter, C. H. Nichols, M. D., Physician and Superintendent of the Government Hospital for the Insane, Washington, D. C.

Interesting Post Mortem Examination.—From the Ninth Annual Report of the Kansas State Penitentiary, we extract the following record of a post mortem examination, held on the body of a discharged convict, and reported by Dr. William B. Carpenter, Physician to the Prison.

In my last report, I referred to the case of an attempted suicide by one of the convicts, who wounded the brain by thrusting wires through holes previously made through the skull with an awl. This convict lived to the expiration of his term in prison, and during the last few months of his term seemed to recover his mental equilibrium, with no disposition to injure himself; in fact, showing a strong desire to live and get well, as would be evinced

after an occasional epileptic paroxysm, a sequel, no doubt, of his previous injuries, and the presence of foreign bodies afterwards discovered.

A short time, however, after his release, he died from an overdose of morphia, obtained at a drug store in Leavenworth, and evidently taken to obtain rest at night, and relief from headache, as the evidence before the coroner's investigation proved. The post mortem revealed the presence of a piece of No. 20 broom wire, nearly three inches long, and a small nail or brad, side by side, imbedded in the substance of the brain, thrust through an opening in the top of the head, and a similar piece of wire, side by side with a large needle, with some inches of thread attached, in the brain at the *side* of the head. The wounds in the skull were completely healed, inclosing these articles for ten months—certainly one of the most remarkable cases in medical history.

Voracity.—A post mortem examination of a lunatic, who died in the Prestwich Asylum, led to the discovery of no fewer than 1,841 indigestible articles in his body, namely, 1,639 shoemakers' sparables, six four inch cut nails, nineteen three inch, eight two and a half inch, eighteen two inch, forty one-half inch, and seven three-eighth inch cut nails; thirty-nine tacks, five brass nails, nine brass brace-buttons, twenty pieces of buckles, one pin, fourteen bits of glass, ten small pebbles, three pieces of string, one piece of leather three inches long, one piece of lead four inches long, and one American pegging awl—the total, eleven pounds, ten ounces.

Protestant Lunatic Asylum in Ontario.—From the *Montreal Gazette* of November 23d, we learn of a project for the erection of a Protestant Lunatic Asylum, in the Province of Ontario. At a meeting called to consider the subject, the following resolution was unanimously adopted.

"That it is a matter of prime necessity, that adequate provision should be made for the care and treatment of the Protestant insane, and that the following gentlemen be a committee to draw up a plan

to be laid before a future meeting, and that they be authorized to communicate with the Provincial Government, and report upon the whole matter at an early period:—Sir A. T. Galt, Charles Alexander, G. W. Stephens, Henry Lyman, Alfred Perry, Frederick Mackenzie and Peter Redpath, with power to add to their number."

—The thirtieth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the "Continental Hotel," in the City of Philadelphia, Pennsylvania, commencing at 10 o'clock, A. M., of Tuesday, June 13, 1876.

Resolved, That the Secretary, when giving notice of the time and place of the next meeting, be requested to urge on the members the importance of prompt attention at the organization, and of remaining with the Association till the close of its sessions.

By standing resolutions, the Trustees of the several Institutions are invited to attend the meeting of the Association.

When an Assistant Physician represents an Institution, a notice stating that fact should be sent to the Secretary.

JOHN CURWEN,

HARRISBURG, March 15, 1876. *Secretary.*

—We wish to obtain copies of number four, volume four, for April, 1848 of this JOURNAL, also of the following reports of the New York State Lunatic Asylum, number four, 1846, number nine, 1851, and number thirty, 1872. Any one having duplicates or broken sets which they do not intend to fill, will confer a favor by sending us the numbers specified. For these we will give in return a corresponding number of copies of the report or JOURNAL, or pay their value in money.

—We intend to present in the July number of the JOURNAL, the "Notes on American Asylums," by Dr. Bucknill, in which he gives his impressions formed during his visit to this country last summer.